



# Account Update Form

**Return this Form to:**

Bright Directions College Savings Program  
P.O. Box 82623  
Lincoln, NE 68501

**Overnight Mail:**

Bright Directions College Savings Program  
3606 South 48th Street  
Lincoln, NE 68506

If you have questions, please call us at **866.722.7283**, Monday–Friday, 7a.m. to 7 p.m. (Central).

## 1. Current Account Information (Section 1 information is required)

Account Number: \_\_\_\_\_

Account Owner Name (First, M.I., Last): \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Evening Phone Number: \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_

## 2. Update Account Owner or Beneficiary Name

This name change applies to the:

- Account Owner**
- Beneficiary**

Former Name (First, M.I., Last): \_\_\_\_\_

New Name (First, M.I., Last): \_\_\_\_\_

Reason for change:

- Marriage (attach copy of marriage certificate)**
- Divorce (attach divorce decree)**
- Other (please specify and attach any appropriate legal documents):** \_\_\_\_\_

## 3. Update Account Owner or Beneficiary Address

This address change applies to the:

- Account Owner**
- Beneficiary**

Street Address (no PO Boxes) \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Evening Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## 4. eDelivery

- Select this option to sign up to receive quarterly account statements, Program Disclosure Statements, Confirmations, Tax Forms, Supplements, compliance materials, Plan News and Updates via electronic delivery.

**IMPORTANT: You will receive a confirmation email from Bright Directions that will enable you to complete the eDelivery sign up and selection process.**

I request that email notifications be sent to the following email address:

\_\_\_\_\_

I consent to the delivery of documents that are governed under the Bright Directions Electronic Delivery of Documents.

I understand that when a document or statement is available, I will receive an email notification from Bright Directions. The email will include a link to the Bright Directions secure site, where the document(s) can be viewed and downloaded.

You may revoke this election at any time.

## 5. Authorization

By signing below, I certify that I am the Account Owner of the Account indicated on this form and that the information contained herein is true, complete, and correct.

### Signature and Date Required

X

\_\_\_\_\_  
Signature of Account Owner, Custodian (UGMA/UTMA Accounts), or Trustee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name Here

\_\_\_\_\_  
Title (if other than an individual)

**Northern Trust  
Securities, Inc.**  
Distributor



**Michael W. Frerichs**  
ILLINOIS STATE TREASURER  
Trustee & Administrator

**UBT**  
Union Bank & Trust  
Program Manager