BrightDirections529
Advisor-Guided College Savings

# 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
1248 O Street, Suite 200
Lincoln, NE 68508

If you have questions, please call us at **866.722.7283,** Monday–Friday, 7 a.m. to 6 p.m. (Central).

## 1. Current Account Information (Required)

Account Number: _____

Account Owner Name (First, Middle, Last): _____

Daytime Phone Number: _____

Evening Phone Number: _____

Name of Beneficiary: _____

## 2. Update Account Owner or Beneficiary Name

This name change applied to the:

☐ **Account Owner**

☐ **Beneficiary**

Former Name (First, Middle, Last): _____

New Name (First, Middle, 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 applied 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. 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.

I acknowledge that, if this form is electronically signed, my electronic signature will have the same legal validity and enforceability as a manually executed signature or handwritten signature to the fullest extent permitted by applicable law, including the Federal Electronic Signatures in Global and National Commerce Act, the Uniform Electronic Transactions Act or any similar state law based on the Uniform Electronic Transactions Act. I acknowledge that any electronic signature must be a certificate-based digital signature, and that any electronically signed form must be accompanied by a digital signature certificate or a digital signature audit trail containing, at a minimum, information regarding the date and time the electronic signature was executed, as well as the following personally identifying information of each signer: the signer's legal name, email address, and internet protocol address. I understand that this form may not be signed using Adobe Acrobat Reader's "Fill & Sign" and "Adobe Sign" features or any other electronic signature method that does not produce an acceptable certificate-based digital signature.

**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 Lights Distributors, LLC
An Affiliate of
ULTIMUS FUND SOLUTIONS

Illinois State Treasurer
MICHAEL FRERICHS
TRUSTEE & ADMINISTRATOR

UBT
Union Bank & Trust
Program Manager