

Employer Front-End Load Waiver Form

Return this Form to:

CollegeCounts 529 Fund
P.O. Box 85290
Lincoln, NE 68501

Overnight Mail:

CollegeCounts 529 Fund
6811 South 27th Street
Lincoln, NE 68512

Complete to obtain an employer front-end load waiver (available for employers with 25 or more employees).

If you have questions, please call us at **866.529.2228**, Monday–Friday, 7:30 a.m. to 6 p.m. (Central).

1. Employer Information

Employer Name: _____

Contact Person Name: _____

Contact Person Phone Number: _____

Contact Person Email Address: _____

Mailing Address: _____

City, State, Zip: _____

Total # of Employees: _____

2. Investment Professional Information

Firm Name: _____

Investment Professional's Name: _____ Rep Number: _____

Investment Professional's Phone Number: _____

Investment Professional's Email Address: _____

Broker Dealer Name: _____

3. Authorization

By signing below, I certify the above referenced employer has 25 or more employees, qualifying for an employer front-end load waiver.

Signature and Date Required

Dated this _____ day of _____, 20_____

Print or Typed Name of Company

Print or Typed Name of Financial Advisor

X _____
Signature of Company Representative

X _____
Signature of Financial Advisor

Title



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