

Update Form

CollegeCountsSM
Alabama's 529 Fund
ADVISOR PLAN

PO Box 85290
Lincoln, NE 68501-5290
CollegeCounts529advisor.com

Complete this form to:

- **Update the Account Owner or Beneficiary name** due to marriage, divorce, or other legal reason (attach the appropriate legal papers). Complete Sections 1, 2, and 7.
- **Update the Account Owner or Beneficiary address.** Complete Sections 1, 3, and 7.
- **Update bank account information on file** with CollegeCounts. Complete Sections 1, 4, and 7.
- **Update, increase, decrease, or stop an existing automatic investment plan (AIP).** Complete Sections 1, 5, and 7.
- **Request that a duplicate statement be sent to a third party.** Complete Sections 1, 6, and 7.
- Please complete and return this form to:

Regular Mail:

CollegeCounts 529 Fund
PO Box 85290
Lincoln, NE 68501-5290

Overnight Mail:

CollegeCounts 529 Fund
6811 S. 27th Street
Lincoln, NE 68512

- **For assistance, call toll-free:** 866.529.2228 or contact your financial advisor.

1 CollegeCounts 529 Fund Account Information

Account Number

 - -

Account Owner's Social Security Number

Account Owner's First Name

M.I.

Last Name

Phone

Designated Beneficiary's First Name

M.I.

Last Name

2 Update Account Owner or Beneficiary Name

This name change applies to the: Account Owner Beneficiary

Prior name: First Name

M.I.

Last Name

New name: First Name

M.I.

Last Name

Reason for change:

- Marriage (attach copy of marriage certificate)
- Divorce (attach copy of divorce decree)
- Other (specify) _____ (attach appropriate legal papers)

Questions? Please call toll-free 866.529.2228.

3 Update Account Owner or Beneficiary Address

This address change applies to the: Account Owner Beneficiary

New Address _____ City, State, ZIP _____

Permanent Address (if different from above; no PO Boxes) _____ City, State, ZIP _____

4 Update Bank Information

Action to be taken: New bank account (no previous bank account on file)
 Replace current bank account on file
 Add as an additional bank account on file

Type of account: Checking Savings

| | |
|--|-------------|
| YOUR NAME | 123 |
| PAY TO THE | 12-34 |
| TAPE YOUR PREPRINTED VOIDED CHECK OR SAVINGS ACCOUNT DEPOSIT SLIP HERE. | |
| _____ \$ _____ | DOLLARS |
| SAMPLE | |
| BANK NAME AND ADDRESS _____ | |
| MEMO _____ | |
| :123456789: 34568: | VOID |

5 Update, Change, or Stop Existing Automatic Investment Plan (AIP)

Stop my existing automatic investment plan.

Change my existing automatic investment plan. Complete 1 and 2 below.

1. New amount \$, .

2. Frequency of the automatic transactions:

Frequency: (check one)

- Weekly
 Twice a Month
 Monthly
 Quarterly
 Annually

Timing:

Day of the Week (circle one): Monday Tuesday Wednesday Thursday Friday

Days of Month: _____ & _____
(If not provided, the transfers will occur on the 7th & 21st of the month.)

Day of Month: _____
(If not provided, the transfer will occur on the 17th of the month.)

Day of the Month (i.e., 1-31): _____

Check One:

- January, April, July, and October
 February, May, August, and November
 March, June, September, and December

Month _____ and Day of Month (i.e., 1-31) _____

Questions? Please call toll-free 866.529.2228.

6**Request Account Statements Be Sent to Another Individual**

To have a duplicate quarterly Account statement sent to another party, please complete the following:

Name

Address

City, State, ZIP

7**Authorization**

I certify that all of the information contained herein is true and correct. I direct the CollegeCounts 529 Fund to make all of the changes that I have indicated above.

By completing Section 4 and/or Section 5, I hereby authorize the Program Manager to initiate debit entries to the bank account indicated above, and the bank indicated above to debit the same amount. This authority is to remain in full force and effect until the Program Manager has received notification from me of its modification or termination in such time as to afford the Program Manager 10 business days to act on it. I understand that if a transaction cannot be made because of insufficient funds or because either account has been closed, this service will be canceled by the Program Manager. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of applicable law. I further agree that if my draft is dishonored for any reason, with or without cause, the Program Manager will not bear any liability. Union Bank & Trust Company may correct any transaction errors with a debit or credit to my financial institution account and/or my CollegeCounts 529 Fund Account.

Please allow approximately 10 business days for the first transfer. Please retain a copy of this authorization for your records.

Signature and Date Required

X

Signature of Account Owner

Date



*Offered by the
State of Alabama*

UBT 529 Services a Division of



Program Manager

Questions? Please call toll-free 866.529.2228.