

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

1. Current Account Information

Account Number: _____

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

Daytime Phone Number: _____

Evening Phone Number: _____

Name of Current Beneficiary (First, M.I., Last): _____

2. New Beneficiary

Legal Name (First, M.I., Last): _____

Social Security Number or Taxpayer Identification Number: _____

Date of Birth (MM/DD/YYYY): _____

Gender: Male Female

Street Address (no P.O. Boxes): _____

City, State, Zip: _____

Relationship to Current Beneficiary: _____

Check this box if the new Designated Beneficiary is not a “Member of the Family” (defined below) of the current Designated Beneficiary.

As the Account Owner, you may change the Designated Beneficiary at any time without adverse income-tax consequences if the new Designated Beneficiary is a Member of the Family of the current Designated Beneficiary. If the new Designated Beneficiary is not a Member of the Family of the current Designated Beneficiary, the change is treated as a withdrawal that is subject to federal and state income taxes and a 10% federal penalty tax.

Member of the Family—IRS Publication 970 provides the following definition:

Members of the beneficiary’s family. For these purposes, the beneficiary’s family includes the beneficiary’s spouse and the following other relatives of the beneficiary.

1. Son, daughter, stepchild, foster child, adopted child, or a descendant of any of them
2. Brother, sister, stepbrother, or stepsister
3. Father or mother or ancestor of either
4. Stepfather or stepmother
5. Son or daughter of a brother or sister
6. Brother or sister of father or mother
7. Son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, or sister-in-law
8. The spouse of any individual listed above
9. First cousin

3. Investment Portfolio Selection (Check A or B)

A. No change to current investment selections. If you are currently invested in an Age-Based Portfolio and the new Designated Beneficiary is in a different age-band than the current Designated Beneficiary, the Account will be invested in the age-band of the new Designated Beneficiary.

B. Yes, I want to change the investment selection as follows: (Check only one box: 1, 2, or 3)

1. Age-Based Portfolios (If you've checked box 1, **select one** of the following)

Aggressive Portfolio Moderate Portfolio Conservative Portfolio

2. Target Portfolios (If you've checked box 2, **select one** of the following)

Fund 100 Fund 80 Fund 60 Fund 40 Fund 20 Fixed Income Fund

3. Individual Fund Portfolios (If you've checked box 3, **select any** of the following [must total 100%, only whole percentages allowed])

Bank Savings

_____ % Bank Savings 529 Portfolio

Money Market

_____ % State Street U.S. Government Money Market 529 Portfolio

Fixed Income

_____ % PIMCO Short-Term 529 Portfolio

_____ % Northern Funds Bond Index 529 Portfolio

_____ % Fidelity Advisor Investment Grade Bond 529 Portfolio

_____ % PGIM Total Return Bond 529 Portfolio

_____ % American Century Short Duration Inflation Protection Bond 529 Portfolio

_____ % BlackRock High Yield Bond 529 Portfolio

_____ % AB Global Bond 529 Portfolio

Balanced

_____ % T. Rowe Price Balanced 529 Portfolio

Real Estate

_____ % DFA Real Estate Securities 529 Portfolio

_____ % Principal Global Real Estate Securities 529 Portfolio

Commodities

_____ % Credit Suisse Commodity Return Strategy 529 Portfolio

Domestic (U.S.) Equity

Large-Cap

_____ % DFA U.S. Large Cap Value 529 Portfolio

_____ % Northern Funds Stock Index 529 Portfolio

_____ % T. Rowe Price Large-Cap Growth 529 Portfolio

Mid-Cap

_____ % Northern Funds Mid Cap Index 529 Portfolio

Small-Cap

_____ % T. Rowe Price Small-Cap Value 529 Portfolio

_____ % Northern Funds Small Cap Index 529 Portfolio

_____ % T. Rowe Price QM U.S. Small-Cap Growth Equity 529 Portfolio

International Equity

_____ % Northern Funds International Equity Index 529 Portfolio

_____ % Neuberger Berman International Select 529 Portfolio

_____ % DFA International Small Company 529 Portfolio

_____ % Vanguard Emerging Markets Select Stock 529 Portfolio

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. **This designation will replace the Designated Beneficiary currently named on the Account.**

Signature and Date Required

X _____	_____
Signature of Account Owner or Trustee	Date

Print Name Here	

Title (if other than an individual)	



Offered by the
State of Alabama

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