CollegeCounts
ADVISOR-GUIDED 529 FUND

Change of Designated Beneficiary Form

Return this Form to:

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

Overnight Mail:

CollegeCounts 529 Fund
1248 O Street, Suite 200
Lincoln, NE 68508

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: _____

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.

<u>**Member of the Family**</u>—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

_____% Parametric Commodity 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 Integrated 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.**

I acknowledge that neither the principal contributed to an Account, nor earnings thereon, are guaranteed or insured by the Federal Deposit Insurance Corporation (except for the Bank Savings 529 Portfolio underlying investment) or any other governmental agency; are not guaranteed or insured by the State of Alabama, the State Treasurer of Alabama, the Board or Union Bank and Trust Company, Northern Trust Securities, Inc. or any of their respective authorized agents or affiliates; and are subject to investment risk, including loss of principal.

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 or Trustee   Date

_____

Print Name Here

_____

Title (if other than an individual)

Offered by the State of Alabama

Northern Trust Securities, Inc.
Distributor

UBT 529 Services a Division of
UBT
Union Bank & Trust
Program Manager

CollegeCounts529advisor.com