

Change of Investment Option 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

Complete this form with your Financial Advisor to change Investment Portfolios.

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: _____

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

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

2. New Investment Portfolios Check only one box: A, B, or C

(Your total Account balance will be transferred to the Portfolio(s) you select below AND all future contributions will be invested in the Portfolios you select below.)

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

☐ Aggressive Portfolio ☐ Moderate Portfolio ☐ Conservative Portfolio

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

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

☐ C. Individual Fund Portfolios (If you've checked box C, **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

2. New Investment Portfolios (continued from previous page)

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

3. Authorization

I hereby authorize and direct the change of Investment Portfolio(s) to the investments I selected in Section 2.
I acknowledge that my total Account balance will be transferred to the Portfolio(s) I selected in Section 2 AND all future Contributions will be invested in the Portfolio(s) selected above. I certify that all the information contained herein is true and correct and that I have read the Program Disclosure Statement and understand the rules and requirements governing investment changes.

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, Custodian (UGMA/UTMA Accounts), or Trustee Date

Print Name Here

Title (if other than an individual)

If the Account Owner is a trust and there is more than one trustee, the additional trustee must sign here.

X _____
Signature of Co-Trustee

Print Name Here Date