

Add or Change a Successor Account Owner

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

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

1. Current Account Information

Account Number: _____

Account Owner Name (First, Middle, Last): _____

Daytime Phone Number: _____

Evening Phone Number: _____

Name of Beneficiary: _____

2. Add or Change a Successor Account Owner

You may name a Successor Account Owner to take control of the Account in the event that the Account Owner dies or becomes legally incompetent.

Remove the current Successor Account Owner without designating a new Successor Account Owner

Add a new Successor Account Owner (Replaces the Successor Account Owner currently named on the Account.)

Successor Account Owner Name (First, Middle, Last): _____

Successor Account Owner Date of Birth (MM/DD/YYYY): _____

3. 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 Successor Account Owner currently named on the Account.**

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)



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Distributor

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