



# Successor Account Owner Add or Change 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 6 p.m. (Central)

## 1. Current Account Information

Account Number: \_\_\_\_\_  
Account Owner Name (First, M.I., 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): \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Relationship of Account Owner to Successor Account Owner:  Spouse  Other \_\_\_\_\_

## 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.

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)

