

Employer Front-End Load Waiver Form

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

**Complete to obtain an employer front-end load waiver
(available for employers with 25 or more employees).**

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

1. Employer Information

Employer Name: _____
 Contact Person Name: _____
 Contact Person Phone Number: _____
 Contact Person Email Address: _____
 Mailing Address: _____
 City, State, Zip: _____
 Total # of Employees: _____

2. Investment Professional Information

Firm Name: _____
 Investment Professional's Name: _____ Rep Number: _____
 Investment Professional's Phone Number: _____
 Investment Professional's Email Address: _____
 Broker Dealer Name: _____

3. Authorization

By signing below, I certify the above referenced employer has 25 or more employees, qualifying for an employer front-end load waiver.

Signature and Date Required

Dated this _____ day of _____, 20_____

 Print or Typed Name of Company

 Print or Typed Name of Financial Advisor

X _____
 Signature of Company Representative

X _____
 Signature of Financial Advisor

 Title



**Northern Trust
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Distributor

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