

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
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. 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: _____

Authorization

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

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

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



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State of Alabama

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