

## Beneficiary 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: \_\_\_\_\_

Name of Current Beneficiary (First, M.I., Last): \_\_\_\_\_

### 2. New Beneficiary

Legal Name (First, M.I., Last): \_\_\_\_\_

Social Security Number or Taxpayer Identification Number: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Gender:  Male  Female

Street Address (no P.O. Boxes): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Relationship to Current Beneficiary: \_\_\_\_\_

Check this box if the new Designated Beneficiary is not a “Member of the Family” (defined below) of the current Designated Beneficiary.

As the Account Owner, you may change the Designated Beneficiary at any time without adverse income-tax consequences if the new Designated Beneficiary is a Member of the Family of the current Designated Beneficiary. If the new Designated Beneficiary is not a Member of the Family of the current Designated Beneficiary, the change is treated as a withdrawal that is subject to federal and state income taxes and a 10% federal penalty tax.

**Member of the Family**—IRS Publication 970 provides the following definition:

**Members of the beneficiary’s family.** For these purposes, the beneficiary’s family includes the beneficiary’s spouse and the following other relatives of the beneficiary.

1. Son, daughter, stepchild, foster child, adopted child, or a descendant of any of them
2. Brother, sister, stepbrother, or stepsister
3. Father or mother or ancestor of either
4. Stepfather or stepmother
5. Son or daughter of a brother or sister
6. Brother or sister of father or mother
7. Son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, or sister-in-law
8. The spouse of any individual listed above
9. First cousin

### 3. Investment Portfolio Selection (Check A or B)

- A. No change to current investment selections.** If you are currently invested in an Age-Based Portfolio and the new Designated Beneficiary is in a different age-band than the current Designated Beneficiary, the Account will be invested in the age-band of the new Designated Beneficiary.
- B. Yes, I want to change the investment selection as follows:** (Must total 100%, only whole percentages allowed.)

#### **Age-Based Portfolios**

\_\_\_\_\_ % Aggressive Portfolio      \_\_\_\_\_ % Moderate Portfolio      \_\_\_\_\_ % Conservative Portfolio

#### **Target Portfolios**

\_\_\_\_\_ % Fund 100      \_\_\_\_\_ % Fund 80      \_\_\_\_\_ % Fund 60  
\_\_\_\_\_ % Fund 40      \_\_\_\_\_ % Fund 20      \_\_\_\_\_ % Fixed Income Fund

#### **Individual Fund Portfolios**

##### **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

###### 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 International Select 529 Portfolio  
\_\_\_\_\_ % DFA International Small Company 529 Portfolio  
\_\_\_\_\_ % Vanguard Emerging Markets Select Stock 529 Portfolio

## 4. 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 Designated Beneficiary currently named on the Account.**

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 Lights Distributors, LLC 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

<input checked="" type="checkbox"/>	_____	_____
	Signature of Account Owner or Trustee	Date
	_____	
	Print Name Here	
	_____	
	Title (if other than an individual)	



Offered by the  
State of Alabama

