

# 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 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.

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



Offered by the  
State of Alabama

Northern Lights Distributors, LLC  
An Affiliate of  
**ULTIMUS**  
FUND SOLUTIONS  
Distributor

UBT 529 Services a Division of  
**UBT**  
Union Bank & Trust  
Program Manager