

## Automatic Investment Plan/Electronic Bank Transfer 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 Legal Name (First, M.I., Last): \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_

### 2. Action to Be Taken (Check one)

- Start a New** Automatic Investment Plan (Complete Sections 3, 5, and 6)
- Modify an Existing** Automatic Investment Plan (Complete Sections 3 and 6)
- Add or Change Banking Information** on File for Contributions and Redemptions (Complete Sections 5 and 6)
- One-Time Electronic Bank Transfer** (Complete Sections 4, 5, and 6)
- Discontinue** My Automatic Investment Plan (Complete Section 6)

### 3. Amount and Frequency of Transactions

Complete this Section if you checked Start a New Automatic Investment Plan or Modify an Existing Automatic Investment Plan in Section 2 above.

**A. Automatic Investment Plan Amount: \$** \_\_\_\_\_

**B. Transactions Should Begin on the Following Date:**

**C. Frequency of Transactions (Check one):**

**Monthly (Date)** \_\_\_\_\_

(If you do not provide a date, the transfer will occur on the 17th of each month.)

**Twice a Month (Dates)** \_\_\_\_\_ & \_\_\_\_\_

(If you do not provide dates, the transfers will occur on the 11th and the 25th of each month.)

**Quarterly (Dates Each Month)** \_\_\_\_\_

January, April, July, October     February, May, August, November     March, June, September, December

**Annually (MM/DD)** \_\_\_\_\_



## 6. Authorization

By signing below, I certify that the information contained herein is true, complete, and correct.

By selecting the electronic transfer service in Sections 2, 3, 4, and/or 5, I (the bank account owner and CollegeCounts 529 Fund Direct Plan Account Owner) hereby authorize Union Bank and Trust Company to initiate debit and/or credit entries to my bank account indicated above, and the bank indicated above to debit the same amount. As the CollegeCounts 529 Fund Direct Plan Account Owner, I acknowledge that my referenced bank account will be linked to my CollegeCounts 529 Fund Direct Plan Account so that I may purchase or sell shares by telephone or online at CollegeCounts529.com. This authority is to remain in full force and effect until Union Bank and Trust Company has received notification from me of its modification or termination in such time as to afford Union Bank and Trust Company reasonable time to act on it. I understand that if a transaction cannot be made because of insufficient funds or because either account has been closed, this service will be cancelled by Union Bank and Trust Company. I acknowledge that the origination of Automated Clearing House (ACH) transactions to my account must comply with the provisions of applicable law. I further agree that if my draft is dishonored for any reason, with or without cause, Union Bank and Trust Company will not bear any liability. Union Bank and Trust Company may correct any transaction errors with a debit or credit to my financial institution account and/or the CollegeCounts 529 Fund Direct Plan Account. Please retain a copy of this authorization for your records.

I authorize Union Bank and Trust Company, its agents and affiliates, and the Plan to act on any instructions believed to be genuine and from me for any telephone, electronic, and website services. Union Bank and Trust Company and the Plan use procedures designed to verify the authenticity of the Account Owner or Custodian. If these procedures are followed, Union Bank and Trust Company and the Trust will not be liable for any loss that may result from acting on unauthorized instructions. I understand that anyone who can properly identify my Account(s) can obtain information about my Account and can make telephone, electronic, or computer exchange and/or redemption, contribution, or withdrawal transactions on my behalf.

### Signature of CollegeCounts 529 Fund Direct Plan Account Owner and Date Required

|  |       |
|--|-------|
| <b>X</b> _____   | _____ |
| Signature of Account Owner, Custodian (UGMA/UTMA Accounts), or Trustee | Date  |
| _____  | _____ |
| Print Name Here  |       |
| _____  | _____ |
| Title (if other than an individual)                                    |       |

## 7. Medallion Signature Guarantee (if necessary)

A Medallion Signature Guarantee is required if you have requested electronic services in Section 3, 4, and/or 5 and you are not the CollegeCounts 529 Fund Direct Plan Account Owner.

MEDALLION SIGNATURE GUARANTEE

Note to Guarantor:  
Medallion imprints must be fully legible and must not be dated or annotated.

Signature must be stamped with a Medallion Signature Guarantee by a qualified financial institution, such as a commercial bank, savings and loan, U.S. stock broker and security dealer, or credit union, that is participating in an approved Medallion Signature Guarantee program.

**(A NOTARY PUBLIC CANNOT PROVIDE A SIGNATURE GUARANTEE)**



Offered by the  
State of Alabama

UBT 529 Services a Division of

**UBT**  
Union Bank & Trust  
Program Manager