

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 Be	neficiary			
	Legal Na	ame (First, M.I., Last):			
	Social Se	ecurity Number or Taxpayer Identification Number:			
	Date of E	Birth (MM/DD/YYYY): Gender: ☐ Male ☐ Female			
	Street Ad	ddress (no P.O. Boxes):			
	City, Stat	re, Zip:			
	Relations	ship 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.				
	consequ new Des	ccount Owner, you may change the Designated Beneficiary at any time without adverse income-tax ences if the new Designated Beneficiary is a Member of the Family of the current Designated Beneficiary. If the ignated Beneficiary is not a Member of the Family of the current Designated Beneficiary, the change is treated drawal 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:			
		bers of the beneficiary's family. For these purposes, the beneficiary's family includes the beneficiary's spouse ne 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

Investment Portfolio Selection (Check A or B)

nvested in the age-band of the new Designated B Yes, I want to change the investment selection	,	20% anly whole percentages allow		
-	as follows: (Must total 10	5076, offity whole percentages allow		
Age-Based Portfolios				
90	_% Moderate Portfolio	% Conservative Por		
<u>Target Portfolios</u>				
	_% Fund 80	% Fund 60		
	_% Fund 20	% Fixed Income Fu		
Individual Fund Portfolios				
Bank Savings	Domestic (U.S.)	Equity		
% Bank Savings 529 Portfolio	<u>Large-Cap</u>			
Money Market	% Vangu	ard Value Index 529 Portfolio		
% Vanguard Cash Reserves Federal Money	% DFA U	.S. Large Cap Value 529 Portfolio		
Market 529 Portfolio	% Vangu	% Vanguard 500 Index 529 Portfolio		
Fixed Income	% Vangu	% Vanguard Total Stock Market Index 529 Pc		
% PIMCO Short-Term 529 Portfolio	% Vangu	ard Growth Index 529 Portfolio		
% Vanguard Short-Term Bond Index 529 Portfolio		e Price Large-Cap Growth 529 Port		
% Vanguard Total Bond Market Index 529 Portfolio	Mid-Cap % Vangu	ard Mid-Cap Index 529 Portfolio		
% Fidelity Advisor Investment Grade Bond 529 Portfolio	_	ard Extended Market Index 529 Por		
% PGIM Total Return Bond 529 Portfolio	Small-Cap			
% Vanguard Short-Term Inflation-Protected	_	ard Small-Cap Value Index 529 Port		
Securities Index 529 Portfolio	% DFA U	.S. Small Cap Value 529 Portfolio		
% Vanguard Inflation-Protected Securities	% Vangu	% Vanguard Small-Cap Index 529 Portfolio		
529 Portfolio	% Vangu	ard Small-Cap Growth Index 529 Pc		
Balanced	% Vangu	% Vanguard Explorer 529 Portfolio		
% T. Rowe Price Balanced 529 Portfolio	International Eq	uity		
	9/ Vangu	ard Total International Stock Index		
Real Estate				

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 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; and are subject to investment risk, including loss of principal.

Signature and Date Required						
X						
X	Signature of Account Owner or Trustee	Date				
	Print Name Here					
	Title (if other than an individual)					



