



**BLOOMWELL**  
529 EDUCATION SAVINGS

# Fund Transfer Form

Use this Form to Transfer Funds between Bloomwell 529 Education Savings Plan Accounts for Different Beneficiaries

**Return this Form to:**

Bloomwell 529  
P.O. Box 85529  
Lincoln, NE 68501-5529

**Overnight Mail:**

Bloomwell 529  
3560 South 48<sup>th</sup> Street  
Lincoln, NE 68506

If you have questions, please call us at **877.408.4644**, Monday–Friday, 7 a.m. to 7 p.m. (CT).

## 1. Account Owner Information

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

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

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

Secondary Phone Number: \_\_\_\_\_

## 2. Transfer Funds Between Bloomwell 529 Education Savings Plan Accounts

**Transfer Funds From:**

Account Number: \_\_\_\_\_

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

**Transfer Funds To:**

Account Number: \_\_\_\_\_

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

- **Important:** The Beneficiaries named on the two above-referenced Accounts must be the same person or members of the same family, or this form cannot be used. See the Program Disclosure Statement for the definition of "Member of the Family." Instead, the transfer will be considered a non-qualified withdrawal. The earnings portion of a non-qualified withdrawal is subject to federal and state income taxes, a 10% federal penalty tax and potential recapture of a previously claimed Nebraska state income tax deduction.

**Relationship between Beneficiaries on the Accounts**

(i.e., brother, sister, first cousin, etc.): \_\_\_\_\_

**Amount to Transfer (check one)**

Partial Transfer: \$ \_\_\_\_\_ or \_\_\_\_\_%

Entire Balance

Entire Balance and Close Account

### 3. Authorization

By signing below, I certify that I am the Account Owner of the Accounts indicated on this form and that the information contained herein is true, complete, and correct. I further certify that I have read the Program Disclosure Statement and understand the rules and requirements governing non-qualified withdrawals.

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



**UBT**  
Union Bank & Trust  
Program Manager

Nebraska Educational Savings Plan Trust, Issuer. Nebraska State Treasurer, Trustee. Nebraska Investment Council, Investment Oversight. Union Bank and Trust Company, Program Manager.