



# Successor Account Owner Add or Change Form

**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. Current Account Information

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

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

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

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

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

## 2. Add or Change a Successor Account Owner

You may name a Successor Account Owner to take control of the Account in the event you die or become legally incompetent.

- Remove the current Successor Account Owner without designating a new Successor Account Owner
- Add a new Successor Account Owner

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

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

Successor Account Owner City, State: \_\_\_\_\_

## 3. 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 Successor Account Owner currently named on the Account.**

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



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