



# Account Owner Change Form

**Return this Form to:**

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

**Overnight Mail:**

Bloomwell 529  
1248 O Street, Suite 200  
Lincoln, NE 68508

If you have questions, please call us at **877.408.4644**,  
Monday–Friday, 7 a.m. to 6 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. Reason for Transfer (Check one)

- Current Account Owner transferring ownership and rights and interests to new Account Owner**  
(Complete sections 3, 4, 6, 7, and 8)
- Death of current Account Owner**  
(Complete sections 4, 6 and 8 and provide a copy of the death certificate. Complete section 5 only if a minor will become the new Account Owner.)
- UGMA/UTMA Beneficiary attains relevant age under the applicable UGMA/UTMA statute**  
(Complete sections 4, 6, 7, and 8 and provide a copy of the Beneficiary's birth certificate, or government issued ID.)
- Legal incapacity of current Account Owner** (Complete Sections 4, 6 and 8 and provide an acceptable medical authorization or court order evidencing the legal incapacity of the current Account Owner.)
- Other** (specify): \_\_\_\_\_

## 3. Amount of Transfer to New Account Owner (Check one)

- Entire balance** (the Account listed in Section 1 will be closed after the transfer)
- Partial transfer:**  
\$ \_\_\_\_\_ or \_\_\_\_\_%

## 4. New Account Owner Information

Legal Name (First, M.I., Last): \_\_\_\_\_  
Social Security Number or Taxpayer Identification Number: \_\_\_\_\_  
Date of Birth (MM/DD/YYYY): \_\_\_\_\_  
Country of Citizenship: \_\_\_\_\_  
Street Address (no P.O. Boxes): \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Mailing Address (if different from above): \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Mobile Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

## 5. Parent/Guardian Information - Minor Owned Accounts Only

A Parent or Legal Guardian is required to assume Account Owner responsibilities when the Account Owner is a minor. The Parent or Legal Guardian is the person who can transact on the Account until the minor reaches the age of majority in his or her state of residence. The Parent or Legal Guardian's address will be used as the Account's address of record and for all account mailings.

Legal Name of Parent or Legal Guardian (First, M.I., Last): \_\_\_\_\_

Social Security or Taxpayer Identification Number: \_\_\_\_\_

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

Country of Citizenship: \_\_\_\_\_

Check if address is the same as Account Owner, otherwise complete the following:

Street Address (no P.O. Boxes): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Account Mailing Address if different from above: \_\_\_\_\_

(This address will be used as the Account's address of record for all Account mailings.)

City, State, Zip: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

## 6. New Account Owner Authorization and Signature

By signing below, I understand and hereby certify that:

- I have read and understand the terms and conditions of the Bloomwell 529 Education Savings Plan ("Plan") as described in the Program Disclosure Statement and the Participation Agreement, as currently in effect. I understand the Plan may, from time to time, amend the Program Disclosure Statement or the Participation Agreement. I agree that my Plan Account will be governed by the terms and conditions contained in the Program Disclosure Statement and the Participation Agreement, as amended from time to time.
- All of the information in this Form, as well as any supporting documentation, is true and correct.
- I understand each Account is governed by an arbitration clause, which is set forth in Section 12 of the Participation Agreement. I acknowledge receiving a copy of the arbitration clause.
- **I understand the above-referenced Account will continue to have the same Beneficiary designation, same successor Account Owner designation (except in the case this Account Owner Change Form is being completed due to the death of the Account Owner), and same Investment Option selection as currently on file with the Plan. As the new Account Owner, I understand I may make a change in any of the foregoing by completing the proper Plan paperwork.**
- I have reached the age of majority in the state in which I reside and I have full authority and legal capacity to purchase Investment Options and to open an Account in the Plan.
- If the Account is minor-owned or is funded with UGMA/UTMA assets, I am the parent/guardian/custodian of the Account Owner, I am not aware of any adverse claim of ownership or court order relating to this Account, and I agree to hold harmless the Plan, the Trust, the Trustee, the Nebraska Investment Council, and Union Bank and Trust Company from any third party claims relating to my actions.
- I understand that Accounts established under the Plan and their earnings are not guaranteed or insured by the Federal Deposit Insurance Corporation, (except the Bank Savings Underlying Investment) or any other governmental agency. Investments are not guaranteed or insured by the Plan, the Trust, the State of Nebraska, the Nebraska State Treasurer, the Nebraska Investment Council, or Union Bank and Trust or its authorized agents or any of their affiliates and are subject to investment risk including the loss of the principal amount invested.
- I understand it is the Plan's policy to mail one Program Disclosure Statement for all Accounts for which I am the Account Owner. I understand this applies to all existing Accounts and any Accounts I may open in the future. I consent to this policy.
- I authorize Union Bank and Trust Company, its agents and affiliates, and the Trust 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 Trust 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 can obtain information about my Account and can make telephone, electronic, or computer exchange and/or redemption, contribution or withdrawal transactions on my behalf.
- If a trust will be the new Account Owner, I am authorized to act on the trust's behalf in making this request. I further certify that the provided trust agreement (or excerpts thereof) is a true copy of the current and valid legal document(s).
- If an entity will be the new Account Owner, I am authorized to act on the entity's behalf in making this request. I further certify that the resolution contained in the Organization Resolution Form remains in effect.
- I agree to promptly inform Union Bank and Trust Company in the event that any of the foregoing certifications becomes untrue. I understand and acknowledge that Union Bank and Trust Company has the right to terminate an individual's, a trust's or an entity's participation in the Plan if it has reasonable grounds to believe that any of the foregoing certifications is untrue.

**If a Medallion Signature Guarantee is required, please wait to sign until you are in the presence of your financial advisor, bank officer, or official who will submit the document for or provide the Medallion Signature Guarantee.**

### Signature of New Account Owner Required

X \_\_\_\_\_

Signature of New Account Owner, Trustee or Authorized Person

Date

\_\_\_\_\_  
Print Name Here

\_\_\_\_\_  
Title (if an entity is the new Account Owner)

## 7. Current Account Owner Authorization and Signature

By signing below, I understand and hereby certify that I authorize the transfer of ownership and rights and interests in the Account listed in Section 1 and in the amounts listed in Section 3 to the new Account Owner. I understand that I do not have any ownership, rights or interests to the funds transferred and there may be adverse tax consequences of the transfer. I have consulted with my tax advisor about the tax consequences of the transfer.

**If a Medallion Signature Guarantee is required, please wait to sign until you are in the presence of your financial advisor, bank officer, or official who will submit the document for or provide the Medallion Signature Guarantee.**

### Signature of Current Account Owner Required

<b>X</b> _____ Signature of current Account Owner	_____ Date
_____ Print Name Here	
_____ Title (if an entity is the current Account Owner)	

## 8. Medallion Signature Guarantee

**A Medallion Signature Guarantee is required:**

- 1. For the signature in Section 7 if the current Account Owner is requesting the change.**
- 2. For the signature in Section 6 if the current Account Owner is deceased or becomes legally incapacitated and the new Account Owner is assuming ownership per the procedures outlined in the Bloomwell 529 Education Savings Plan Program Disclosure Statement.**

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)**



**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.