



Account Update 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 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. Update Account Owner or Beneficiary Name

These changes apply to the:

- Account Owner**
- Beneficiary**

Former Name (First, M.I., Last): _____

New Name (First, M.I., Last): _____

Reason for change:

- Marriage (attach copy of marriage certificate)**
- Divorce (attach copy of divorce decree)**
- Other (please specify and attach a copy of applicable legal documentation):** _____

3. Update Account Owner or Beneficiary Contact Information

These changes apply to the:

- Account Owner**
- Beneficiary**

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: _____

4.

eDelivery

- Select this option to sign up to receive quarterly account statements, Program Disclosure Statements, confirmations, tax forms, supplements, compliance materials, plan news and updates via electronic delivery.

IMPORTANT: You will receive a confirmation email from the Bloomwell 529 Education Savings Plan that will enable you to complete the eDelivery sign up and selection process.

I request that email notifications be sent to the following email address:

I consent to the delivery of documents that are governed under the Bloomwell 529 Education Savings Plan Electronic Delivery of Documents.

I understand that when a document or statement is available, I will receive an email notification from the Bloomwell 529 Education Savings Plan. The email will include a link to the Bloomwell 529 Education Savings Plan secure site, where the document(s) can be viewed and downloaded.

I acknowledge that I have Internet access, an email address, and all software necessary to receive and review documents electronically.

You may revoke this election at any time by contacting the Bloomwell 529 Education Savings Plan or logging into your Account and requesting paper delivery.

5.

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.

Signature and Date Required	
<p>X _____</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>



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.