



# Beneficiary 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. New Beneficiary

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: \_\_\_\_\_

New Beneficiary's Relationship to Current Beneficiary: \_\_\_\_\_

Check this box if the new Beneficiary is not a "Member of the Family" of the current Beneficiary.

As the Account Owner, you may change the Beneficiary at any time without adverse tax consequences if the new Beneficiary is a Member of the Family of the current Beneficiary. If the new Beneficiary is not a Member of the Family of the current Beneficiary, the change is treated as a non-qualified withdrawal and will be subject to federal and state income taxes and a 10% federal penalty tax.

**Member of the Family**—IRS Publication 970 provides the following definition:

**Members of the beneficiary's family.** For these purposes, the beneficiary's family includes the beneficiary's spouse and the 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

### 3. Investment Option Selection

Your initial and future contributions will be invested based on your following selection, unless directed otherwise.

- No change to current investment selections.** If you are currently invested in an Age-Based Investment Option and the new Beneficiary is in a different age-band than the current Beneficiary, the Account will be invested in the age-band of the new Beneficiary.
- I want to change the investment selection as follows** **Must total 100%, only whole percentages allowed.**

#### **Age-Based Investment Options** (Age-Based Investment Options automatically adjust as the Beneficiary gets older.)

\_\_\_\_\_ % Age-Based Core

\_\_\_\_\_ % Age-Based Socially Aware

#### **Static Investment Options**

\_\_\_\_\_ % Core All Equity

\_\_\_\_\_ % Socially Aware All Equity

\_\_\_\_\_ % Core Aggressive

\_\_\_\_\_ % Socially Aware Aggressive

\_\_\_\_\_ % Core Growth

\_\_\_\_\_ % Socially Aware Growth

\_\_\_\_\_ % Core Balanced

\_\_\_\_\_ % Socially Aware Balanced

\_\_\_\_\_ % Core Moderate

\_\_\_\_\_ % Socially Aware Moderate

\_\_\_\_\_ % Core Conservative

\_\_\_\_\_ % Socially Aware Conservative

\_\_\_\_\_ % Bank Savings

#### **Individual Fund Investment Options**

##### **Money Market**

\_\_\_\_\_ % Goldman Sachs Financial Square  
Government Money Market 529

##### **Domestic (U.S.) Equity**

\_\_\_\_\_ % State Street S&P 500® Index 529

\_\_\_\_\_ % Vanguard Total Stock Market Index 529

\_\_\_\_\_ % Vanguard Equity Income 529

\_\_\_\_\_ % Vanguard Russell 1000 Value Index 529

\_\_\_\_\_ % T. Rowe Price Large-Cap Growth 529

\_\_\_\_\_ % Vanguard Extended Market Index 529

\_\_\_\_\_ % Vanguard Russell 2000 Growth Index 529

\_\_\_\_\_ % iShares Core S&P Small-Cap ETF 529

##### **Fixed Income**

\_\_\_\_\_ % Vanguard Short-Term Bond Index 529

\_\_\_\_\_ % Vanguard Short-Term Inflation-Protected  
Securities Index 529

\_\_\_\_\_ % Vanguard Total Bond Market  
Index 529

\_\_\_\_\_ % MetWest Total Return Bond 529

\_\_\_\_\_ % DFA World ex U.S. Government Fixed  
Income 529

##### **International Equity**

\_\_\_\_\_ % State Street MSCI® ACWI ex USA Index 529

\_\_\_\_\_ % Vanguard Emerging Markets Stock  
Index 529

##### **Real Estate**

\_\_\_\_\_ % Vanguard Real Estate Index 529

\_\_\_\_\_  
Above percentages = 100%

## 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 Beneficiary currently named on the Account.** Any automatic investment plans currently in place for the current Beneficiary, will continue to be made for the new Beneficiary unless the Account Owner changes the election.

If the Account is owned by an entity or trust, I certify that I am authorized to act on its behalf in making this request and that I am authorized to open an Account for the Beneficiary named in Section 2. I agree to promptly inform the Program Manager in the event that any of the foregoing certifications becomes untrue. I understand and acknowledge that the Program Manager has the right to terminate the entity's participation in the Plan if it has reasonable grounds to believe that any of the foregoing certifications is untrue.

I acknowledge that if the new Beneficiary is not a member of the family of the old Beneficiary, adverse tax consequences can result.

I acknowledge that, except for any investments made by a Plan participant in the Bank Savings Underlying Investment up to the limit provided by the Federal Deposit Insurance Corporation ("FDIC") insurance, neither the principal contributed to an Account, nor earnings thereon, are guaranteed or insured by the State of Nebraska, the Nebraska State Treasurer, the Nebraska Investment Council, the Trust, the Plan, any other state, any agency or instrumentality thereof, Union Bank and Trust Company, the FDIC, or any other entity. Investment returns are not guaranteed. Account Owners assume all investment risk, including the potential loss of principal.

### Signature and Date Required

X \_\_\_\_\_

Signature of Account Owner 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.