

Investment Change Form

Complete this form to Change Investment Options

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).

Account Number:	
Account Owner Name (First, M.I., Last):	
Mobile Phone Number:	
Beneficiary Name (First, M.I., Last):	
Beneficiary Date of Birth (MM/DD/YYYY):	
	100%, only whole percentages allowed. invested based on your following selection, unless directed has twice per calendar year or whenever you change the Beneficial
Age-Based Investment Options (Age-Based Inves	stment 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	Domestic (U.S.) Equity
Money Market	% State Street S&P 500® Index 529
% Goldman Sachs Financial Square	% Vanguard Total Stock Market Index 529
Government Money Market 529	% Vanguard Equity Income 529
Fixed Income	% Vanguard Russell 1000 Value Index 529
% Vanguard Short-Term Bond Index 529	% T. Rowe Price Large-Cap Growth 529
% Vanguard Short-Term Inflation-Protected	% Vanguard Extended Market Index 529
Securities Index 529	% Vanguard Russell 2000 Growth Index 529
% Vanguard Total Bond Market	% iShares Core S&P Small-Cap ETF 529
Index 529	International Equity
% MetWest Total Return Bond 529	% State Street MSCI® ACWI ex USA Index 529
% DFA World ex U.S. Government Fixed Income 529	% Vanguard Emerging Markets Stock Index 529
	Real Estate
	% Vanguard Real Estate Index 529

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Authorization

I hereby authorize and direct the change of Investment Options to the investments I selected in Section 2.

I acknowledge that my total Account balance and all future contributions will be invested in the Investment Option(s) selected above. I certify that all the information contained herein is true and correct and that I have read the Program Disclosure Statement and understand the rules and requirements governing investment changes.

I acknowledge, 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		
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	Signature of Account Owner, Custodian (UGMA/UTMA Accounts), or Trustee	Date	
	Print Name Here		
	Title (if other than an individual)		



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