



Trusted Contact Person Designation 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).

- Use this form to designate a person (who is at least 18 years old) as your Trusted Contact Person. The Bloomwell 529 Education Savings Plan may contact your Trusted Contact Person and use them as a resource if we lose contact with you or believe your Account assets are at risk.
- **Your Trusted Contact Person will not be able to access your Account or transfer assets to or from your Account.**

1. Account Owner Information

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

Account Number: _____

Mobile Phone Number: _____

Secondary Phone Number: _____

2. Action for Trusted Contact Person

- Add the person identified in Section 3 as a Trusted Contact Person
- Remove _____ as a Trusted Contact Person
- Replace the following Trusted Contact Person with the Trusted Contact Person identified in Section 3:

3. Trusted Contact Person Information

Name of Trusted Contact Person (First, M.I., Last): _____

Mobile Phone Number: _____

Secondary Phone Number: _____

Email Address: _____

Mailing Address: _____

City, State, Zip: _____

Relationship to Account Owner

- Advisor Attorney Family Member Friend Spouse Other

4.

Authorization

I authorize the Bloomwell 529 Education Savings Plan (the "Plan") and its service providers to take actions indicated in Section 2 of this form. I further authorize the Plan and its present and future direct and indirect affiliates, successors, assigns, custodians, trustees and any service providers to disclose information to a Trusted Contact Person about my Account(s) in the following circumstances: to address possible financial exploitation; to confirm the specifics of my current contact information, health status, or the identity of any legal guardian, executor, trustee or holder of a power of attorney; or as otherwise permitted by FINRA Rule 2165 (Financial Exploitation of Specified Adults) or other applicable law or regulation. I certify that the Trusted Contact Person is at least eighteen (18) years of age. This form does not create or give your Trusted Contact Person a power of attorney.

Signature and Date Required

X		
	Signature of Account Owner, Custodian (UGMA/UTMA Accounts), or Trustee	Date



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.