

## 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 6 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

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.