



Fund Transfer Form

Return this Form to:

CollegeCounts 529 Fund
P.O. Box 85290
Lincoln, NE 68501

Overnight Mail:

CollegeCounts 529 Fund
1248 O Street, Suite 200
Lincoln, NE 68508

Use this form to transfer funds between CollegeCounts 529 Fund Advisor Plan Accounts.

If you have questions, please call us at **866.529.2228**, Monday–Friday, 7 a.m. to 7 p.m. (Central).

1. Account Information

Account Owner Legal Name (First, M.I., Last): _____

Account Owner Date of Birth (MM/DD/YYYY): _____

Daytime Phone Number: _____ Evening Phone Number: _____

2. Transfer Funds Between CollegeCounts 529 Fund Advisor Plan Accounts

Transfer Funds From:

Account Number: _____

Beneficiary Name: _____

Transfer Funds to:

Account Number: _____

Beneficiary Name: _____

- **Important:** The beneficiaries named on the two above-referenced accounts must be related as members of the family. See the Program Disclosure Statement for the definition of “Member of the Family”. Otherwise, the Fund Transfer Form cannot be used. Instead, a nonqualified withdrawal must be requested. The earnings portion of a nonqualified withdrawal is subject to federal and state income taxes, a 10% federal penalty tax, and potential recapture taxes.

Relationship between Beneficiaries on the Accounts

(i.e. brother, sister, first cousin, etc.): _____

Amount to Transfer (check one)

- Partial Transfer: \$ _____ or _____ %
 Entire Balance Entire Balance and Close Account

3. Authorization

By signing below, I certify that I am the Account Owner of the Accounts indicated on this form and that the information contained herein is true, complete, and correct.

I acknowledge that, if this form is electronically signed, my electronic signature will have the same legal validity and enforceability as a manually executed signature or handwritten signature to the fullest extent permitted by applicable law, including the Federal Electronic Signatures in Global and National Commerce Act, the Uniform Electronic Transactions Act or any similar state law based on the Uniform Electronic Transactions Act. I acknowledge that any electronic signature must be a certificate-based digital signature, and that any electronically signed form must be accompanied by a digital signature certificate or a digital signature audit trail containing, at a minimum, information regarding the date and time the electronic signature was executed, as well as the following personally identifying information of each signer: the signer's legal name, email address, and internet protocol address. I understand that this form may not be signed using Adobe Acrobat Reader's "Fill & Sign" and "Adobe Sign" features or any other electronic signature method that does not produce an acceptable certificate-based digital signature.

Signature and Date Required

X _____	_____
Signature of Account Owner or Trustee	Date

Print Name Here	

Title (if other than an individual)	