

Update 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

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

1. Current Account Information (Required)

Account Number: _____

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

Daytime Phone Number: _____

Evening Phone Number: _____

Name of Beneficiary: _____

2. Update Account Owner or Beneficiary Name

This name change applies to the:

Account Owner

Beneficiary

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

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

Reason for change:

Marriage (attach copy of marriage certificate)

Divorce (attach divorce decree)

Other (please specify and attach any appropriate legal documents): _____

3. Update Account Owner or Beneficiary Address

This address change applies to the:

Account Owner

Beneficiary

Street Address (no P.O. Boxes): _____

City, State, Zip: _____

Mailing Address (if different from above): _____

City, State, Zip: _____

Daytime Phone Number: _____

Evening Phone Number: _____

Email Address: _____

4. eDelivery

- Select this option to sign up to receive quarterly account statements, Program Disclosure Statements, Supplements, compliance materials, Plan News, and Updates via electronic delivery.

IMPORTANT: You will receive a confirmation email from CollegeCounts that will enable you to complete the eDelivery signup and selection process.

I request that email notifications be sent to the following email address:

I consent to the delivery of documents that are governed under the CollegeCounts Electronic Delivery of Documents.

I understand that when a document or statement is available, I will receive an email notification from CollegeCounts. The email will include a link to the CollegeCounts secure site, where it can be viewed and downloaded.

You may revoke this election at any time.

5. 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.

Signature and Date Required

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

Print Name Here	

Title (if other than an individual)	



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