

## Change of Designated Beneficiary Form

Return this Form to:

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

CollegeCounts 529 Fund 3560 South 48th Street Lincoln, NE 68506

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
	Account Number:
	Account Owner Name (First, M.I., Last):
	Daytime Phone Number:
	Evening Phone Number:
	Name of Current Beneficiary (First, M.I., Last):
2.	New Beneficiary
	Legal Name (First, M.I., Last):
	Social Security Number or Taxpayer Identification Number:
	Date of Birth (MM/DD/YYYY):
	Gender: ☐ Male ☐ Female
	Street Address (no P.O. Boxes):
	City, State, Zip:
	Relationship to Current Beneficiary:
	☐ Check this box if the new Designated Beneficiary is not a "Member of the Family" (defined below) of the current Designated Beneficiary.
	As the Account Owner you may change the Designated Beneficiary at any time without adverse income-tax

As the Account Owner, you may change the Designated Beneficiary at any time without adverse income-tax consequences if the new Designated Beneficiary is a Member of the Family of the current Designated Beneficiary. If the new Designated Beneficiary is not a Member of the Family of the current Designated Beneficiary, the change is treated as a withdrawal that is subject to federal and state income taxes and a 10% federal penalty tax.

Member of the Family—IRS Publication 970 provides the following definition:

**Members of the beneficiary's family.** For these purposes, the beneficiary's family includes the beneficiary's spouse and the following other relatives of the beneficiary.

- 1. Son, daughter, stepchild, foster child, adopted child, or a descendant of any of them
- 2. Brother, sister, stepbrother, or stepsister
- 3. Father or mother or ancestor of either
- 4. Stepfather or stepmother
- 5. Son or daughter of a brother or sister
- 6. Brother or sister of father or mother
- 7. Son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, or sister-in-law
- 8. The spouse of any individual listed above
- 9. First cousin

## Investment Portfolio Selection (Check A or B)

	ou are currently invested in an Age-Based Portfolio and the chart the current Designated Beneficiary, the Account will be ficiary.	
$\square$ B. Yes, I want to change the investment selection as	s follows: (Check only one box: 1, 2, or 3)	
■ 1. Age-Based Portfolios (If you've checked be Aggressive Portfolio	ox 1, <b>select one</b> of the following)	
■ 2. Target Portfolios (If you've checked box 2, ☐ Fund 100 ☐ Fund 80 ☐ Fund 60 ☐ Fur	3	
3. Individual Fund Portfolios (If you've checked only whole percentages allowed])	ed box 3, <b>select any</b> of the following [must total 100%	
Bank Savings	Domestic (U.S.) Equity	
% Bank Savings 529 Portfolio	<u>Large-Cap</u>	
Money Market	% DFA U.S. Large Cap Value 529 Portfolio	
% State Street U.S. Government Money Market	% Northern Funds Stock Index 529 Portfolio	
529 Portfolio	% T. Rowe Price Large-Cap Growth 529 Portfolio	
Fixed Income	Mid-Cap	
% PIMCO Short-Term 529 Portfolio	% Northern Funds Mid Cap Index 529 Portfolio	
% Northern Funds Bond Index 529 Portfolio	·	
% Fidelity Advisor Investment Grade Bond 529 Portfolio	Small-Cap% T. Rowe Price Small Cap Value 529 Portfolio	
% PGIM Total Return Bond 529 Portfolio	% Northern Funds Small Cap Index 529 Portfolio	
% American Century Short Duration Inflation Protection Bond 529 Portfolio	% T. Rowe Price QM U.S. Small-Cap Growth Equity 529 Portfolio	
	International Equity	
% AB Global Bond 529 Portfolio	% Northern Funds International Equity Index 529 Portfolio	
Balanced% T. Rowe Price Balanced 529 Portfolio	% Neuberger Berman International Select 529 Portfolio	
Real Estate		
% DFA Real Estate Securities 529 Portfolio	% DFA International Small Company 529 Portfolio	
% Principal Global Real Estate Securities 529 Portfolio	% Vanguard Emerging Markets Select Stock 529 Portfolio	
Commodities		
% Credit Suisse Commodity Return Strategy 529 Portfolio		

4.

## **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. **This designation will replace the Designated Beneficiary currently named on the Account.** 

I acknowledge that neither the principal contributed to an Account, nor earnings thereon, are guaranteed or insured by the Federal Deposit Insurance Corporation (except for the Bank Savings 529 Portfolio underlying investment) or any other governmental agency; are not guaranteed or insured by the State of Alabama, the State Treasurer of Alabama, the Board or Union Bank & Trust Company, Northern Trust Securities, Inc. or any of their respective authorized agents or affiliates; and are subject to investment risk, including loss of principal.

Signature and Date Required				
Х				
	Signature of Account Owner or Trustee	Date		
	Print Name Here			
	Title (if other than an individual)			





