

Beneficiary Change Form

Return this Form to:

NEST Direct 529 P.O. Box 83529 Lincoln, NE 68501-3529 Overnight Mail:

NEST Direct 529 3606 South 48th Street Lincoln, NE 68506

If you have questions, please call us at **888.993.3746**, Monday–Friday, 7 a.m. to 7 p.m. (CT).

1.	Current Account Information
	Account Number(s):
	Account Owner Name (First, M.I., Last):
	Mobile Phone Number:
	Secondary Phone Number:
	Name of 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):
	Country of Citizenship:
	Street Address (no P.O. Boxes):
	City, State, Zip:
	New Beneficiary's Relationship to Current Beneficiary:
	☐ Check this box if the new Beneficiary is not a "Member of the Family" of the current Beneficiary

As the Account Owner, you may change the Beneficiary at any time without adverse income-tax consequences if the new Beneficiary is a Member of the Family of the current Beneficiary. If the new Beneficiary is not a Member of the Family of the current Beneficiary, the change is treated as a non-qualified withdrawal and will be 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 Option Selection
Your initial and future contribution(s) will be invested based on your following selection, unless directed otherwise.
Complete this Section 3 for each Account to which this Beneficiary change applies (see page 3).

Account Number:						
	you are currently invested in an Age-Based Investment Option and n the current Beneficiary, the Account will be invested in the age-band					
■ I want to change the investment selection as follows: (Check only one box: A or B)						
■ A. Age-Based Investment Option (If you've of Age-Based Investment Options automatical	checked box A, select one of the following strategies. Illy adjust as the Beneficiary gets older.)					
Index Strategy (Invests in Vanguard mutual funds) Age-Based Index Aggressive Age-Based Index Moderate Age-Based Index Conservative	Multi-Firm Strategy (Invests in multiple mutual fund families) Age-Based Aggressive Age-Based Moderate Age-Based Conservative					
% Metwest Total Return Bond 529% DFA World ex U.S. Government Fixed Income 529	% DFA U.S. Small Cap Value 529 International Equity% Vanguard Total International Stock Index 529					
	Real Estate					
	% Vanguard Real Estate Index 529					

Investment Option Selection (continued)
Complete this page if you are changing the Beneficiary on more than one Account.
If you are changing the Beneficiary on more than two Accounts, simply print additional copies of this page 3 and include them with your submission.

Account Number:		
	you are currently invested in an Age-Based Investment Option and in the current Beneficiary, the Account will be invested in the age-band	
Yes, I want to change the investment selection	as follows: (Check only one box: A or B)	
■ A. Age-Based Investment Option (If you've a Age-Based Investment Options automatical	checked box A, select one of the following strategies. ally adjust as the Beneficiary gets older.)	
Index Strategy (Invests in Vanguard mutual funds)	Multi-Firm Strategy (Invests in multiple mutual fund families)	
Age-Based Index Aggressive	☐ Age-Based Aggressive	
Age-Based Index Moderate	☐ Age-Based Moderate	
Age-Based Index Conservative	☐ Age-Based Conservative	
■ B. Static Investment Option(s) and Individuation the following (must total 100%, only whole	al Fund Investment Option(s) If you've checked box B, select any of percentages allowed).	
Static Investment Options		
% All Equity Static		
% Growth Static		
% Balanced Static		
% Conservative Static		
% Bank Savings Static		
Money Market	Domestic (U.S.) Equity	
% Vanguard Federal Money Market 529	% State Street Equity 500 Index 529	
Fixed Income	% Vanguard Total Stock Market Index 529	
% Vanguard Short-Term Bond Index 529	% Vanguard Equity Income 529	
% Vanguard Short-Term Inflation-Protected Securities Index 529	% T. Rowe Price Large-Cap Growth 529	
	% Vanguard Extended Market Index 529	
% Vanguard Total Bond Market Index 529	% Vanguard Explorer 529	
% Metwest Total Return Bond 529	% DFA U.S. Small Cap Value 529	
% DFA World ex U.S. Government Fixed Income 529	International Equity	
	% Vanguard Total International Stock Index 529	
	Real Estate	
	% Vanguard Real Estate Index 529	
	Above percentages = 100%	

4.

Authorization

By signing below, I certify that I am the Account Owner of the Account(s) indicated on this form and that the information contained herein is true, complete and correct. **This designation will replace the Beneficiary currently named on the Account(s).** Any automatic investment plans currently in place for the current Beneficiary, will continue to be made for the new Beneficiary unless the Account Owner changes the election.

If the Account(s) is owned by an entity or trust, I certify that I am authorized to act on its behalf in making this request and that I am authorized to open an Account for the Beneficiary named in Section 2. I agree to promptly inform the Program Manager in the event that any of the foregoing certifications becomes untrue. I understand and acknowledge that the Program Manager has the right to terminate the entity's participation in the Program if it has reasonable grounds to believe that any of the foregoing certifications is untrue.

I acknowledge that if the new Beneficiary is not a member of the family of the old Beneficiary, adverse tax consequences can result.

I acknowledge that except for any investments made in the Bank Savings Static Investment Option up to the limit provided by Federal Deposit Insurance Corporation ("FDIC") insurance, neither the principal contributed to an Account, nor earnings thereon, are guaranteed or insured by the State of Nebraska, the Nebraska State Treasurer, the Nebraska Investment Council, the Trust, the Plan, any other state, any agency or instrumentality thereof, Union Bank & Trust Company, the FDIC, or any other entity. Investment returns are not guaranteed. Account Owners assume all investment risk, including the potential loss of principal.

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



Nebraska Educational Savings Plan Trust, Issuer. Nebraska State Treasurer, Trustee. Nebraska Investment Council, Investment Oversight. Union Bank and Trust Company, Program Manager.