



# Meadowlark Program Opt Out Request Form

**Return this Form to:**

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

**Overnight Mail:**

NEST Direct 529  
3560 South 48<sup>th</sup> 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).

Use this form to permanently remove your child from the Meadowlark Program. Please remember that this election is permanent, and your child is no longer eligible to participate in the future.

Parent/Guardian Name (First, M.I., Last): \_\_\_\_\_

Child’s Legal Name (First, M.I., Last): \_\_\_\_\_

Birth Certificate State File Number: \_\_\_\_\_

Date of Child’s Birth (MM/DD/YYYY): \_\_\_\_\_

Parent/Guardian Street Address: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_

I do not wish to have my child participate in the Meadowlark Program which provides my child with a \$50 seed contribution into a Trust-owned college savings account. By completing this Opt-Out Form, I acknowledge that this account will be closed, my child’s name will be removed from the active account list and my child will be ineligible to participate in the Meadowlark Program at any time in the future. The decision to opt-out is irrevocable and should be considered carefully. Consultation with your own independent legal and financial advisors is encouraged. I represent that I, with the approval and consent of all other persons having legal custody of my child, have made this voluntary opt-out election, and that said election shall be binding on my child, and all of my child’s parents and/or legal guardians.

### Signature and Date Required

X

Signature

Date

Relationship to Child



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