

Investment Change Form

Complete this form to Change Investment Options Return this Form to:

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

NEST Direct 529 1248 O Street, Suite 200 Lincoln, NE 68508

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

Account Information	
Account Number:	
Account Owner Name (First, M.I., Last):	
Mobile Phone Number:	
Beneficiary Name (First, M.I., Last):	
Beneficiary Date of Birth (MM/DD/YYYY):	
Investment Option Selection Must total	al 100%, only whole percentages allowed.
Your account balance <u>and</u> future contributions will be i	nvested based on your following selection, unless directed otherwise. er calendar year or whenever you change the designated Beneficiary.
Age-Based Investment Options (Age-Based Investment	Options automatically adjust as the Beneficiary gets older.)
Index Strategy (Invests in Vanguard mutual funds)% Age-Based Index Aggressive	Multi-Firm Strategy (Invests in multiple mutual fund families) ———————————————————————————————————
% Age-Based Index Moderate	% Age-Based Moderate
% Age-Based Index Conservative	% Age-Based Conservative
Static Investment Options	
% All Equity Static	% Conservative Static
% Growth Static	% Bank Savings Static
% Balanced Static	
Individual Fund Investment Options	
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	% T. Rowe Price Large-Cap Growth 529
Securities Index 529	% Vanguard Extended Market Index 529 % Vanguard Explorer 529
% Vanguard Total Bond Market Index 529	% Variguald Explorer 327 % DFA U.S. Small Cap Value 529
% Metwest Total Return Bond 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%

3.

Authorization

I hereby authorize and direct the change of Investment Option(s) to the investments I selected in Section 2.

I acknowledge that my total Account balance AND all future contributions will be invested in the Investment Option(s) selected above. I certify that all the information contained herein is true and correct and that I have read the Program Disclosure Statement and understand the rules and requirements governing investment changes.

I acknowledge, except for any investments made by an Account Owner 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 and 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		
X		
Signature of Account Owner, Custodian (UGMA/UTMA Accounts), 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.