



Employer Matching Contribution Incentive Program Application for Contributions Made in 2024

Return this Form to:

NEST Employer Matching
P.O. Box 83529
Lincoln, NE 68501-3529

Overnight Mail:

NEST Employer Matching
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).

This application must be completed and, along with supporting documentation, submitted to the Program Manager (at one of the addresses listed above) by **Monday, June 2, 2025**. Applications postmarked after this date will not be accepted.

This form may be used by an employer making matching contributions to an account in the NEST Direct College Savings Plan, the NEST Advisor College Savings Plan, the State Farm 529 Savings Plan or the Bloomwell 529 Education Savings Plan.

1. Employer Information

Name: _____
Address: _____
Tax ID Number: _____
Contact Person: _____
Contact Person Title: _____
Contact Person Phone Number: _____
Contact Person Email: _____

2. Matching Contribution Information

Attach a completed NEST Employer Matching Contribution Incentive Program Schedule to this form.

Total amount of eligible contributions listed in the Schedule: \$ _____
Number of employees for whom matching contributions were made last year: _____

3. Signature

By signing below, I certify under penalties of perjury that:
I have read and agree to the terms of the Program as described in the NEST Employer Matching Contribution Incentive Program Rules. I understand the Rules may be amended from time to time.
Each employee listed in the attached Schedule resided in Nebraska in 2024.
The employer will not claim a Nebraska state income tax deduction on any of the matching contributions listed in the Schedule, unless the Program Manager determines that such contributions are ineligible for a Program incentive.
I understand I may be asked to submit additional documentation to the Program Manager to support the information contained in this Application and the Schedule. Failing to timely provide sufficient documentation may result in the denial of this Application.
All the information in this Application and Schedule, as well as any supporting documentation, is true, correct and complete.

Signature and Date Required

X _____
Signature of Applicant Date

Print Name Here



UBT
Union Bank & Trust
Program Manager

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