NEST® 529 EDUCATION SAVINGS

Low-Income Matching Scholarship Program Application for Contributions Made in 2026

Return this Form to:

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

Overnight Mail:

NEST Matching Scholarship
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 6 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 **December 31, 2026**. Applications postmarked after this date will not be accepted.

This form may be used by the Account Owner who made 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. Applicant Information

Name: _____

Address: _____

Mobile Phone Number: _____

Email Address: _____

2. Beneficiary Information

(You may list multiple beneficiaries below **if they are members of the same household**. If beneficiaries are not part of the same household, please list them on a separate Application.)

Name: _____

Social Security Number: _____

Date of Birth (MM/DD/YYYY): _____

NEST Plan (check one): ☐ NEST Direct ☐ NEST Advisor ☐ State Farm 529 ☐ Bloomwell 529

NEST Account Number: _____

Name: _____

Social Security Number: _____

Date of Birth (MM/DD/YYYY): _____

NEST Plan (check one): ☐ NEST Direct ☐ NEST Advisor ☐ State Farm 529 ☐ Bloomwell 529

NEST Account Number: _____

Name: _____

Social Security Number: _____

Date of Birth (MM/DD/YYYY): _____

NEST Plan (check one): ☐ NEST Direct ☐ NEST Advisor ☐ State Farm 529 ☐ Bloomwell 529

NEST Account Number: _____

Name: _____

Social Security Number: _____

Date of Birth (MM/DD/YYYY): _____

NEST Plan (check one): ☐ NEST Direct ☐ NEST Advisor ☐ State Farm 529 ☐ Bloomwell 529

NEST Account Number: _____

3. Household Income

To determine each beneficiary's household income, you must include:

- State income tax returns for 2025 for each income earner in the beneficiary's household (please submit federal income tax returns only for income earners who are not required to file state tax returns); and
- A completed Non-Taxable Income Form for each income earner in the beneficiary's household who did not file a 2025 federal income tax return.

4. 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 Low-Income Matching Scholarship Program Rules. I understand the Rules may be amended from time to time.

Each beneficiary listed in this Application is a Nebraska resident.

Each beneficiary listed in this Application had a household income in 2025 that is no more than 250% of the federal poverty level, as reflected in the Rules.

I understand I may be asked to submit additional documentation to the Program Manager to support the information contained in this Application and the Non-Taxable Income Form, if applicable. Failing to timely provide sufficient documentation may result in the denial of this Application.

All the information in this Application, 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.