

Change of Account Owner Form

CollegeCountsSM
Alabama's 529 Fund

PO Box 85290
Lincoln, NE 68501-5290
CollegeCounts529.com

- Complete this form to change the Account Owner of your existing CollegeCounts 529 Fund Account.
- **Current Account Owner** – Complete Sections 1, 2, and 8 and have your signature guaranteed in Section 9.
- **New Account Owner** – Complete Sections 3 through 6 and sign in Section 7.
- Do not use this form to change the Designated Beneficiary. Complete a Change of Beneficiary Form to change the Designated Beneficiary.
- If a new Account Owner is the current Successor Account Owner, then please include a copy of a certified death certificate.
- Return this completed form to:

Regular Mail:

CollegeCounts 529 Fund
PO Box 85290
Lincoln, NE 68501-5290

Overnight Mail:

CollegeCounts 529 Fund
6811 S. 27th Street
Lincoln, NE 68512

- For assistance, call toll-free: 866.529.2228.

1 Current Account Owner Information

Complete Sections 1, 2, and 8. Please have your signature guaranteed in Section 9.

Current Account Owner's First Name M.I. Last Name

□□□□□□□□□□
Account Number

Phone

□□□□-□□□□-□□□□□□
Current Account Owner's Social Security Number

Designated Beneficiary's First Name M.I. Last Name

□□□□-□□□□-□□□□□□
Designated Beneficiary's Date of Birth

2 Amount of Transfer to New Account Owner (Check Box A or B)

A. Transfer the entire Account balance in the CollegeCounts 529 Fund Account listed in Section 1 and close the Account.

B. Partial transfer of \$ _____ or _____ %

3 New Account Owner

Complete Sections 3 through 7. If the new Account Owner is an entity or trust, provide the personal information below for the person acting on behalf of the entity or trust.

New Account Owner's First Name M.I. Last Name

E-Mail

□□□□-□□□□-□□□□□□
New Account Owner's Social Security Number

□□□□-□□□□-□□□□□□
Date of Birth

Account Mailing Address

City, State, ZIP

Permanent Address (if different from above; no PO Boxes)

City, State, ZIP

Residency Status: U.S. Citizen U.S. Resident Alien

Gender: Male Female

Trust or Entity Name

□□□□-□□□□□□□□□□
Taxpayer Identification Number

□□□□-□□□□-□□□□□□
Date of Trust (if applicable)

Add a Successor Account Owner (Optional)

The person or entity named below will be the Successor Account Owner in the event of the death of the Account Owner. You may update the Successor Account Owner at any time. The new Account Owner should name a Successor Account Owner. The current Successor Account Owner will be removed upon transfer of ownership.

 First Name M.I. Last Name

Please check this box if the Successor Account Owner's address is the same as the new Account Owner's address.

 Mailing Address

 City, State, ZIP

□□□□-□□□□-□□□□□□

Social Security Number

□□□□-□□□□-□□□□□□

Date of Birth

- OR -

□□□□-□□□□□□□□□□

Taxpayer Identification Number (if applicable)

□□□□-□□□□-□□□□□□

Date of Trust (if applicable)

Investment Selection (Check Box A or B)

A. No change to current investment selections.

B. Yes, I want to change the investment selections as follows:

CHECK ONLY ONE BOX (I), (II), OR (III).

I. Age-Based Portfolios – If you have checked box (I), select one of the following:

Aggressive Portfolio

Moderate Portfolio

Conservative Portfolio

II. Target Portfolios – If you have checked box (II), select one of the following:

Fund 100

Fund 80

Fund 60

Fund 40

Fund 20

Fixed Income Fund

III. Individual Fund Portfolios – Create your own investment mix from one or more of the 529 Portfolios below. If you've checked box (III), select one or more of the following (*must total 100%*).

Money Market

_____% Vanguard Prime Money Market
 529 Portfolio

Fixed Income

_____% PIMCO Short-Term 529 Portfolio

_____% Vanguard Intermediate-Term Bond
 Index 529 Portfolio

_____% Vanguard Total Bond Market Index
 529 Portfolio

_____% PIMCO Total Return 529 Portfolio

_____% Vanguard Inflation-Protected Securities
 529 Portfolio

Balanced

_____% T. Rowe Price Balanced 529 Portfolio

Real Estate

_____% Vanguard REIT Index 529 Portfolio

Domestic (U.S.) Equity

Large-Cap

_____% Vanguard Value Index 529 Portfolio

_____% Vanguard 500 Index 529 Portfolio

_____% Vanguard Total Stock Market Index 529 Portfolio

_____% Vanguard Growth Index 529 Portfolio

Mid-Cap

_____% Vanguard Mid-Cap Index 529 Portfolio

_____% Vanguard Extended Market Index 529 Portfolio

_____% Fidelity Advisor Mid Cap II 529 Portfolio

Small-Cap

_____% Vanguard Small-Cap Value Index 529 Portfolio

_____% Vanguard Small-Cap Index 529 Portfolio

_____% Vanguard Small-Cap Growth Index 529 Portfolio

International Equity

_____% Vanguard Total International Stock Index
 529 Portfolio

Contribution Information

The new Account Owner may make additional contributions by completing this section. Check all that apply. Use this section to select the funding type(s) for any initial investment and/or for subsequent investments. You may select more than one option.

A. **Enclose a Check** made payable to "CollegeCounts 529 Fund" \$, .

B. **Payroll Deduction.** Complete the Payroll Deduction Form (check with your employer as to availability) and return with this Change of Account Owner Form.

C. **Automatic Investment Plan** – Allows automatic contribution transfers from your bank account into a CollegeCounts 529 Fund Account, as well as automatic deposit of distributions from a CollegeCounts 529 Fund Account. \$, .

Frequency: (check one)

Weekly

Twice a Month

Monthly

Quarterly

Annually

Timing:

Day of the Week (circle one): Monday Tuesday Wednesday Thursday Friday

Days of Month: _____ & _____
(If not provided, the transfers will occur on the 7th & 21st of the month.)

Day of Month: _____
(If not provided, the transfer will occur on the 17th of the month.)

Day of the Month (i.e., 1-31): _____

Check One:

January, April, July, and October

February, May, August, and November

March, June, September, and December

Month _____ and Day of Month (i.e., 1-31) _____

Bank Account Information:

Account Type:

Checking

Savings

YOUR NAME	123
PAY TO THE	12 - 34
TAPE YOUR PREPRINTED VOIDED CHECK OR SAVINGS ACCOUNT DEPOSIT SLIP HERE.	
_____ \$ _____	DOLLARS
SAMPLE	
BANK NAME AND ADDRESS	
MEMO _____	
:123456789: 34568:	
VOID	

Your bank account will be linked to your CollegeCounts 529 Fund Account so that you may purchase or sell shares by telephone or online at CollegeCounts529.com.

I hereby authorize the Program Manager to initiate debit entries to the bank account indicated above, and the bank indicated above to debit the same amount. This authority is to remain in full force and effect until the Program Manager has received notification from me of its modification or termination in such time as to afford the Program Manager 10 business days to act on it. I understand that if a transaction cannot be made because of insufficient funds or because either account has been closed, this service will be canceled by the Program Manager. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of applicable law. I further agree that if my draft is dishonored for any reason, with or without cause, the Program Manager will not bear any liability.

Union Bank & Trust Company may correct any transaction errors with a debit or credit to my financial institution account and/or my CollegeCounts 529 Fund Account.

Please allow approximately 10 business days for the first transfer. Please retain a copy of this authorization for your records.

X

Signature of Bank Account Owner

Date

The new Account Owner must sign and date this section in ink below:

- I acknowledge that I have received and read the current Program Disclosure Statement, Account Agreement, and this Change of Account Owner Form and agree to be bound by the Account Agreement, the Act, and the Rules with respect to each Account I establish.
- I am 19 years of age or older. I am a U.S. citizen or a U.S. resident alien.
- I acknowledge that Accounts established under the CollegeCounts 529 Fund and their earnings are not insured by the Federal Deposit Insurance Corporation (FDIC) or any other governmental agency; are not a deposit or other obligation of Union Bank & Trust Company; are not guaranteed by the Board, the State of Alabama, the State Treasurer of Alabama, or Union Bank & Trust Company; and are subject to investment risk, including loss of principal.
- If established with a Trust as Account Owner, by signing this Change of Account Owner Form the undersigned Trustee or Trustees certify that the provided trust agreement (or excerpts thereof) is a true copy of the current and valid legal document(s) and that there are no other Trustees of the Trust other than those listed in Section 3.
- I hereby ratify any telephone instructions given pursuant to this authorization and agree that the Board, Program, State, and Program Manager will not be liable for any loss, liability cost, or expense for acting upon such instructions. I understand that telephone calls may be recorded by the Program Manager, and I consent to such recordings.
- The information I have provided on this form is accurate and true.
- I understand this Account is governed by an arbitration clause, which is set forth in Section 12 of the Account Agreement. I acknowledge receiving a copy of the arbitration clause.
- I understand that providing my e-mail address gives the Program Manager permission to send me information about the CollegeCounts 529 Fund and services via e-mail.

CERTIFICATION. Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number, and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or U.S. resident alien, a domestic trust, an estate, a partnership, corporation, or company created or organized in the United States or under the laws of the United States.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT:

To help the government fight the funding of terrorism and money laundering activities, federal law requires financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. If this information is not provided, the Program Manager may be delayed or unable to open your Account and accept your investment.

If you are a resident of a state other than Alabama, you should check with your home state to see if it offers a Section 529 program. That program may offer state tax or other benefits to residents of that state which may not be available to investors in programs of other states.

Signature and Date Required

X

Signature of Account Owner

Date

8

Current Account Owner Signature

I certify that all of the information contained herein is true and correct. I direct the CollegeCounts 529 Fund to make the change of Account Owner indicated above. Please have your signature guaranteed in Section 9.

Signature and Date Required

X

Signature of Account Owner

Date

9

Medallion Signature Guarantee

Please wait to sign until you are in the presence of the bank officer who will provide the Medallion Signature Guarantee.

MEDALLION SIGNATURE GUARANTEE

Note to Guarantor:
Medallion imprints must be fully legible and must not be dated or annotated.

Signature must be stamped with a Medallion Signature Guarantee by a qualified financial institution, such as a commercial bank, savings and loan, U.S. stock broker and security dealer, or credit union, that is participating in an approved Medallion Signature Guarantee program. (A NOTARY SEAL IS NOT ACCEPTABLE.)



Offered by the
State of Alabama

UBT 529 Services a Division of



Program Manager

Questions? Please call toll-free 866.529.2228.