

# Change of Designated Beneficiary Form

**Return this Form to:**CollegeCounts 529 Fund  
P.O. Box 85290  
Lincoln, NE 68501**Overnight Mail:**CollegeCounts 529 Fund  
6811 South 27th Street  
Lincoln, NE 68512If you have questions, please call us at **866.529.2228**,  
Monday–Friday, 7 a.m. to 7 p.m. (Central).

## 1. Current Account Information

Account Number: \_\_\_\_\_

Account Owner Name (First, M.I., Last): \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Evening Phone Number: \_\_\_\_\_

Name of Current Beneficiary (First, M.I., Last): \_\_\_\_\_

## 2. New Beneficiary

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

Social Security Number or Taxpayer Identification Number: \_\_\_\_\_

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

Gender:  Male  Female

Street Address (no P.O. Boxes): \_\_\_\_\_

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

Relationship to Current Beneficiary: \_\_\_\_\_

 Check this box if the new Designated Beneficiary is not a "Member of the Family" (defined below) of the current Designated Beneficiary.

As the Account Owner, you may change the Designated Beneficiary at any time without adverse income-tax consequences if the new Designated Beneficiary is a Member of the Family of the current Designated Beneficiary. If the new Designated Beneficiary is not a Member of the Family of the current Designated Beneficiary, the change is treated as a withdrawal that is subject to federal and state income taxes and a 10% federal penalty tax.

**Member of the Family**—IRS Publication 970 provides the following definition:

**Members of the beneficiary's family.** For these purposes, the beneficiary's family includes the beneficiary's spouse and the following other relatives of the beneficiary.

1. Son, daughter, stepchild, foster child, adopted child, or a descendant of any of them
2. Brother, sister, stepbrother, or stepsister
3. Father or mother or ancestor of either
4. Stepfather or stepmother
5. Son or daughter of a brother or sister
6. Brother or sister of father or mother
7. Son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, or sister-in-law
8. The spouse of any individual listed above
9. First cousin

### 3. Investment Portfolio Selection (Check A or B)

- A. No change to current investment selections.** If you are currently invested in an Age-Based Portfolio and the new Designated Beneficiary is in a different age-band than the current Designated Beneficiary, the Account will be invested in the age-band of the new Designated Beneficiary.
- B. Yes, I want to change the investment selection as follows:** (Check only one box: 1, 2, or 3)
- 1. Age-Based Portfolios** (If you've checked box 1, **select one** of the following)  
 Aggressive Portfolio     Moderate Portfolio     Conservative Portfolio
- 2. Target Portfolios** (If you've checked box 2, **select one** of the following)  
 Fund 100     Fund 80     Fund 60     Fund 40     Fund 20     Fixed Income Fund
- 3. Individual Fund Portfolios** (If you've checked box 3, **select any** of the following [must total 100%, only whole percentages allowed])

#### Money Market

\_\_\_\_\_ % Vanguard Prime Money Market 529 Portfolio

#### Fixed Income

\_\_\_\_\_ % PIMCO Short-Term 529 Portfolio

\_\_\_\_\_ % Vanguard Short-Term Bond Index 529 Portfolio

\_\_\_\_\_ % Vanguard Total Bond Market Index 529 Portfolio

\_\_\_\_\_ % Fidelity Advisor Investment Grade Bond 529 Portfolio

\_\_\_\_\_ % MainStay Total Return Bond 529 Portfolio

\_\_\_\_\_ % Vanguard Short-Term Inflation-Protected Securities Index 529 Portfolio

\_\_\_\_\_ % Vanguard Inflation-Protected Securities 529 Portfolio

#### Balanced

\_\_\_\_\_ % T. Rowe Price Balanced 529 Portfolio

#### Real Estate

\_\_\_\_\_ % Vanguard Real Estate Index 529 Portfolio

#### Domestic (U.S.) Equity

##### Large-Cap

\_\_\_\_\_ % Vanguard Value Index 529 Portfolio

\_\_\_\_\_ % DFA U.S. Large Cap Value 529 Portfolio

\_\_\_\_\_ % Vanguard 500 Index 529 Portfolio

\_\_\_\_\_ % Vanguard Total Stock Market Index 529 Portfolio

\_\_\_\_\_ % Vanguard Growth Index 529 Portfolio

\_\_\_\_\_ % T. Rowe Price Large-Cap Growth 529 Portfolio

##### Mid-Cap

\_\_\_\_\_ % Vanguard Mid-Cap Index 529 Portfolio

\_\_\_\_\_ % Vanguard Extended Market Index 529 Portfolio

##### Small-Cap

\_\_\_\_\_ % Vanguard Small-Cap Value Index 529 Portfolio

\_\_\_\_\_ % DFA U.S. Small Cap Value 529 Portfolio

\_\_\_\_\_ % Vanguard Small-Cap Index 529 Portfolio

\_\_\_\_\_ % Vanguard Small-Cap Growth Index 529 Portfolio

\_\_\_\_\_ % Vanguard Explorer 529 Portfolio

#### International Equity

\_\_\_\_\_ % Vanguard Total International Stock Index 529 Portfolio

\_\_\_\_\_ % Dodge & Cox International Stock 529 Portfolio

## 4. Authorization

By signing below, I certify that I am the Account Owner of the Account indicated on this form and that the information contained herein is true, complete, and correct. **This designation will replace the Designated Beneficiary currently named on the Account.**

### Signature and Date Required

X _____	_____
Signature of Account Owner or Trustee	Date
_____	
Print Name Here	
_____	
Title (if other than an individual)	



Offered by the  
State of Alabama

UBT 529 Services a Division of  
**UBT**  
Union Bank & Trust  
Program Manager