

Change of Investment Option Form

Return this Form to:

CollegeCounts 529 Fund
P.O. Box 85290
Lincoln, NE 68501

Overnight Mail:

CollegeCounts 529 Fund
3560 South 48th Street
Lincoln, NE 68506

Complete This Form or Log Into Your Account at CollegeCounts529.com to Change Investment Portfolios.

If 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: _____

Beneficiary Name (First, M.I., Last): _____

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

2. New Investment Portfolios Check only one box: A, B, or C

(Your total Account balance will be transferred to the Portfolio(s) you select below AND all future contributions will be invested in the Portfolios you select below.)

A. Age-Based Portfolios (If you've checked box A, **select one** of the following)

Aggressive Portfolio Moderate Portfolio Conservative Portfolio

B. Target Portfolios (If you've checked box B, **select one** of the following)

Fund 100 Fund 80 Fund 60 Fund 40 Fund 20 Fixed Income Fund

C. Individual Fund Portfolios (If you've checked box C, **select any** of the following [must total 100%, only whole percentages allowed])

Bank Savings

_____ % Bank Savings 529 Portfolio

Money Market

_____ % Vanguard Cash Reserves Federal 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

_____ % PGIM 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

2. New Investment Portfolios (Continued)

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

3. Authorization

I hereby authorize and direct the change of Investment Portfolio(s) to the investments I selected in Section 2. **I acknowledge that my total Account balance will be transferred to the Portfolio(s) I selected in Section 2 AND all future Contributions will be invested in the Portfolio(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 that neither the principal contributed to an Account, nor earnings thereon, are guaranteed or insured by the Federal Deposit Insurance Corporation (except the Bank Savings 529 Portfolio underlying investment) or any other governmental agency; are not guaranteed or insured by the State of Alabama, the State Treasurer of Alabama, the Board or Union Bank & Trust Company, and are subject to investment risk, including 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)

If the Account Owner is a trust and there is more than one trustee, the additional trustee must sign here.

X _____
Signature of Co-Trustee

Print Name Here Date



Offered by the
State of Alabama

UBT 529 Services a Division of

UBT
Union Bank & Trust
Program Manager