



Change of Account Owner, Successor Account Owner And/Or Beneficiary Form

1-888-993-3746
www.PlanForCollegeNow.com
PO Box 82644
Lincoln, NE 68501

Use this form to. Change Account Owner, Change/Add a Successor Account Owner, or Change Beneficiary

Instructions. Please complete all sections that apply and return this form to the College Savings Plan of Nebraska PO Box 82644, Lincoln, NE 68501. This form must be signed and dated. Medallion Signature Guarantee is required for Change of Account Owner. If you have questions, please call 1-888-993-3746. Changing the Account Owner or Beneficiary of an Account may have tax consequences. Consult your tax advisor.

Section 1. Account Information

| |
|------------------------------|
| <u>Account Owner:</u> |
| _____ |
| Name |
| _____ - _____ - _____ |
| Social Security Number |
| (_____) _____ |
| Phone Number |

| |
|------------------------------|
| <u>Account Number</u> |
| _____ - _____ - _____ |

| |
|----------------------------|
| <u>Beneficiary:</u> |
| _____ |
| Name |
| _____ - _____ - _____ |
| Social Security Number |

Section 2. Action To Be Taken

| |
|---|
| <input type="checkbox"/> <u>Change the Account Owner.</u> Upon completion and remittance of this form, the new Account Owner will be the only person/entity allowed to make changes and withdrawals to the account listed above. Please note, a change in Account Ownership is not permitted if this account is funded with monies from a UTMA/UGMA custodial account. The new Account Owner will receive a copy of the Enrollment Handbook upon the transfer or ownership and agrees to execute and return an Enrollment Form with this form. Medallion Signature Guarantee required. |
| <u>Circle One:</u> Mr. Mrs. Ms. Dr. |
| <u>Check One:</u> <input type="checkbox"/> US Citizen <input type="checkbox"/> Resident Alien |
| _____ |
| NEW Account Owner's Name |
| _____ - _____ - _____ |
| Social Security Number |
| _____ |
| Street Address |
| _____ |
| City, State |
| _____ |
| Zip |
| (_____) _____ |
| Phone Number |
| _____/_____/_____ |
| Date of Birth (Month/Day/Year) |
| _____ |
| Email Address |
| <input type="checkbox"/> <u>Change or Add Successor Account Owner.</u> The Successor Account Owner will act as Account Owner in the event of your death. |
| <u>Circle One:</u> Mr. Mrs. Ms. Dr. |
| <u>Check One:</u> <input type="checkbox"/> US Citizen <input type="checkbox"/> Resident Alien |
| _____ |
| Successor Account Owner's Name |
| _____ - _____ - _____ |
| Social Security Number |
| _____ |
| Street Address |
| _____ |
| City, State |
| _____ |
| Zip |
| (_____) _____ |
| Phone Number |
| _____/_____/_____ |
| Date of Birth (Month/Day/Year) |
| _____ |
| Email Address |

Change of Beneficiary. Complete this section if you are changing the Beneficiary on the account listed in Section 1. The new Beneficiary must be a "Member of the Family" of the current beneficiary as defined in the Enrollment Handbook. If the New Beneficiary is not a "Member of the Family" of the current beneficiary, the change will be treated as a Non-Qualified Withdrawal (as defined in the Enrollment Handbook). The earnings portion of a Non-Qualified Withdrawal will be subject to the income tax and a 10% penalty. Consult your tax advisor. At the time you change the beneficiary you may also change your investment option (see below).

NEW Beneficiary's Name

_____-_____-_____
Social Security Number

Street Address

City, State

Zip

(_____)_____
Phone Number

_____/_____/_____
Date of Birth (Month/Day/ Year)

Relationship to current
Beneficiary

New Investment Option. At the time you change the beneficiary you may also change your investment option. If you wish to change your investment option please complete and return a Change of Investment Option form which can be obtained by calling 1-888-993-3746 or downloading the form from www.PlanForCollegeNow.com.

Section 3. Authorization

I, as the current Account Owner, hereby make the changes as indicated above to the Account Owner, Successor Account Owner or Beneficiary. I certify that the information contained herein is true and correct. I, my current Beneficiary, newly established Account Owner and/or Successor Account Owner are U.S. Citizens or resident aliens. I certify that the Tax Identification Numbers (TIN) given are true, correct and complete. This designation will replace the Account Owner, Successor Account Owner and/or Beneficiary currently named on the account. Please allow approximately five business days for this change to be completed.

X _____ Date _____
Signature of Current Account Owner

(Print Name Here) _____

A Medallion Signature Guarantee is required if you are Changing the Account Ownership. 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 Program. (A NOTARY SEAL IS NOT ACCEPTABLE.) **THE NEW ACCOUNT OWNER MUST ALSO COMPLETE AND SUBMIT AN ENROLLMENT FORM.**

MEDALLION SIGNATURE GUARANTEE
(Required for Change of Account Owner)

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