



Enrollment Form

Enroll online at BrightStart.com or complete this Enrollment Form to open a Bright Start Account.

Return this Form to:

Bright Start College Savings Program
P.O. Box 85298
Lincoln, NE 68501

Overnight Mail:

Bright Start College Savings Program
1248 O Street, Suite 200
Lincoln, NE 68508

If you have questions, please call us at **877.432.7444**, Monday–Friday, 7 a.m. to 7 p.m. (Central).

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, you must provide your name, address, date of birth, Social Security number or Taxpayer Identification Number, and other information that will allow us to identify you.

1. Account Type and Owner Information (Please check only one and complete the appropriate information.)

Individual Account

Account Owner Legal Name (First, M.I., Last): _____

Account Owner Social Security Number or Taxpayer Identification Number: _____

Account Owner Date of Birth (MM/DD/YYYY): _____ Gender: Male Female

UGMA/UTMA Account

UGMA/UTMA Custodian Name: _____

UGMA/UTMA Custodian Social Security Number or Taxpayer Identification Number: _____

UGMA/UTMA Custodian Date of Birth (MM/DD/YYYY): _____ Gender: Male Female

Trust-Owned Account

• Attach copy of Trust Agreement

Name of Trust: _____

Trust Tax ID Number: _____ Date of Trust: _____

Name(s) of Trustee(s): _____

Social Security or Taxpayer Identification Number(s) of Trustee(s): _____

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

Corporate, 501(c)(3), or other Entity-Owned Account

• Attach a copy of the corporate resolution, bylaws, or charter that lists the person authorized to act on behalf of the organization.

Corporation 501(c)(3) Other (Please Specify): _____

Name of Corporation, 501(c)(3), or Other Entity: _____

Entity Taxpayer Identification Number: _____

Name of Authorized Representative: _____

Social Security or Taxpayer Identification Number of Authorized Representative: _____

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

2. Account Holder from Section 1 Address and Contact Information

Street Address (no P.O. Boxes): _____

City, State, Zip: _____

Mailing Address (if different from above): _____

City, State, Zip: _____

Daytime Phone Number: _____ Secondary Phone Number: _____

Email Address: _____

3. Beneficiary Information (The future student or the name of the beneficiary of the UGMA/UTMA)

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

Social Security or Taxpayer Identification Number: _____

Date of Birth (MM/DD/YYYY): _____ Gender: Male Female

Please check this box if the Beneficiary's address is the same as the Account Holder's.
If so, you do not need to complete the address line below.

Street Address (no P.O. Boxes): _____

City, State, Zip: _____

Beneficiary relationship to Account Owner:

Child

Self

Grandchild

Other _____

Niece/Nephew

4. Successor Account Owner (Not permitted for UGMA/UTMA Accounts or Trust Accounts)

- You may name a Successor Account Owner to take control of the Account in the event that the Account Owner dies or becomes legally incompetent.

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

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

City, State: _____

5. **Investment Portfolio Selection** Check only one box: A or B.

A. Age-Based Portfolios (If you've checked box A, select one of the following strategies. Age-Based Portfolios automatically adjust as the designated beneficiary gets older.)

Index Strategy

(Invests in Vanguard mutual funds)

- Index Aggressive Age-Based Portfolio
- Index Moderate Age-Based Portfolio
- Index Conservative Age-Based Portfolio

Multi-Firm Strategy

(Invests in multiple mutual fund families)

- Aggressive Age-Based Portfolio
- Moderate Age-Based Portfolio
- Conservative Age-Based Portfolio

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

Index Strategy

(Invests in Vanguard mutual funds)

- _____ % Index Equity Portfolio
- _____ % Index Balanced Portfolio
- _____ % Index Fixed Income Portfolio

Bank Savings

- _____ % Bank Savings 529 Portfolio

Money Market

- _____ % Vanguard Federal Money Market 529 Portfolio

Fixed Income

- _____ % Baird Short-Term Bond 529 Portfolio
- _____ % Vanguard Short-Term Inflation-Protected Securities Index 529 Portfolio
- _____ % Vanguard Total Bond Market Index 529 Portfolio
- _____ % Dodge & Cox Income 529 Portfolio
- _____ % Vanguard Total International Bond Index 529 Portfolio

Multi-Firm Strategy

(Invests in multiple mutual fund families)

- _____ % Equity Portfolio
- _____ % Balanced Portfolio
- _____ % Fixed Income Portfolio

Domestic (U.S.) Equity

- _____ % DFA U.S. Large Cap Value 529 Portfolio
- _____ % Vanguard 500 Index 529 Portfolio
- _____ % Vanguard Total Stock Market Index 529 Portfolio
- _____ % T. Rowe Price Large-Cap Growth 529 Portfolio
- _____ % Ariel 529 Portfolio
- _____ % DFA U.S. Targeted Value 529 Portfolio
- _____ % Vanguard Explorer 529 Portfolio

International Equity

- _____ % Vanguard Total International Stock Index 529 Portfolio
- _____ % DFA International Small Company 529 Portfolio

Real Estate

- _____ % Vanguard Real Estate Index 529 Portfolio

Above percentages = 100%

6. Funding Method(s) (Check all that apply.)

Check (payable to Bright Start College Savings Program) \$ _____

One-Time Electronic Funds Transfer from your bank account \$ _____

This amount will be your initial contribution to open your account. Please provide your bank information in Section 7.

Automatic Investment Plan \$ _____

- This authorizes automatic investments from your bank account. Please provide your bank information in Section 7 below.

Frequency:

Monthly (date) _____

(If you do not provide a date, the transfer will occur on the 18th of each month.)

Twice a Month (dates) _____ & _____

(If you do not provide dates, the transfers will occur on the 10th and the 24th of each month.)

Quarterly (day of Month): _____

Jan., Apr., Jul., Oct. Feb., May, Aug., Nov. Mar., Jun., Sep., Dec.

Annually (MM/DD) _____

Payroll Deduction. Complete the Payroll Deduction Form and return with this Enrollment Form.

Deposit of UGMA/UTMA Custodial Assets. I am funding this custodial 529 Account with the proceeds from the sale of assets held in a custodial account that was established under a Uniform Gift/Transfer to Minors Act (UGMA/UTMA) for the benefit of the Beneficiary named in Section 3 of this Enrollment Form. I have read the Program Disclosure Statement and Participation Agreement and understand that I will be considered the custodian of this Account as UGMA/UTMA custodian for such beneficiary. I understand that this means I will not be able to change the Beneficiary on this Account, nor make Non-Qualified Withdrawals other than for the benefit of such Beneficiary. I understand that these same restrictions will apply to other contributions made to this Account, regardless of the source of the funds.

Rollover/Transfer Into the Bright Start College Savings Program: You may transfer funds from another 529 qualified tuition program, directly transfer funds from a Coverdell Education Savings Account, and contribute proceeds from United States Savings Bonds. Certain rules and requirements must be met. For more information, consult the Bright Start College Savings Program Disclosure Statement and your financial, tax, or legal advisor.

Direct Rollover from another Qualified 529 Plan* Coverdell Education Savings Account*

Qualified U.S. Savings Bond

*If you select this option, you must complete the Rollover Form and submit it with this Enrollment Form.

It is important that you provide a statement from the prior financial institution breaking down the earnings and cost basis. If you do not provide a statement, the entire amount will be treated as earnings in computing future withdrawals.

7. Banking Information

Account Type:

Checking Savings

- **Tape voided check here. Do not staple.**

This bank account will automatically be linked to your Bright Start College Savings Program Account for telephone and website purchases and redemption/withdrawal transactions.

Your Name _____	1234
Pay to the order of _____	Date _____
Sample _____	\$ _____ Dollars
Bank Name and Address _____	
Member ID _____	
MEMBER ID: 123456789:	34568:

TAPE YOUR PREPRINTED
VOIDED CHECK OR SAVINGS
ACCOUNT DEPOSIT SLIP HERE.

Instead of submitting a separate check, use the bank account information on the initial investment check enclosed.

Use the bank account information from my other 529 accounts in the Trust.

Bank account number(s) _____ Routing number(s) _____

If you are not the bank account owner - the named bank account owner(s) must authorize AIP and/or EFT service by signing here.

X _____
Signature

X _____
Signature

8. Illinois Residents—Claim Your Illinois First Steps Seed Deposit

To submit your Illinois First Steps \$50 seed deposit claim, please complete this Bright Start Enrollment Form including this Section 8, sign, date, and return to Bright Start.

Eligibility:

The Illinois First Steps \$50 seed deposit can be claimed if:

1. The Beneficiary in Section 3 was born or adopted on or after January 1, 2023 and is under the age of ten (10) years; and
2. The Account Owner in Section 1 is the parent or legal guardian of the Beneficiary in Section 3; and
3. The Account Owner in Section 1 was a resident of Illinois at the time of birth or adoption of the Beneficiary in Section 3; and
4. The seed deposit was not previously claimed.

If all of these conditions are met, complete the section below and check the box.

I am the named Account Owner in Section 1 above and certify the following:

- I am the parent or legal guardian of the Beneficiary designated in Section 3; I was a resident of Illinois at the time of the birth or adoption of such Beneficiary; such Beneficiary was born or adopted on or after January 1, 2023 and is under the age of ten (10) years; and, I am claiming the Illinois First Steps \$50 seed deposit for such Beneficiary.

Was the Beneficiary born in Illinois?

- Yes, Illinois Birth Record Number (if available): _____
- No, please include a copy of the birth certificate or adoption papers with this form.

Account Owner relationship to Beneficiary:

- Parent
- Legal Guardian (If claiming as legal guardian please include a copy of current Letters of Guardianship.)

Address at time of birth or adoption (City, State only): _____
(complete if the address is different than provided in Section 2 above)

The information submitted on this Enrollment Form will be verified against birth records and information from the Illinois Department of Public Health and Illinois Department of Revenue records. Only one Illinois First Steps \$50 seed deposit may be claimed per eligible child. If the Claim is verified the seed deposit will be made within 60-90 days following the end of the current quarter. The funds will be held in an omnibus account owned and managed by the Illinois State Treasurer.

9. eDelivery of Documents (Select the below box to sign up for eDelivery.)

I consent to the delivery of the following documents electronically ("eDelivery").

- Account Statements / Confirmations / Plan Disclosure Documents and Updates / Plan News

I understand that when a new document is available, I will receive an email notification to the email address I have provided Bright Start.

Please send email notification to this email address. _____

The email notification from Bright Start will include a link to the BrightStart.com site that will take me directly to the login page where I can enter my credentials and view and download the document. This consent will remain in effect until I revoke it. I may revoke my consent at any time by submitting a request in writing to Bright Start or by logging into my account at BrightStart.com and clicking on e-Delivery Settings.

At the time my Account is established, I will receive a confirmation email that will enable me to complete my eDelivery registration and select my preferences. I acknowledge that I have Internet access, an email address, and all software necessary to receive and view documents electronically.

Authorization

By signing below, I understand and hereby certify that:

I have received and consent and agree to all the terms and conditions of the Program Disclosure Statement, including all fees and expenses; the Account Participation Agreement; and, this Enrollment Form and agree to be bound by their terms and all amendments.

I understand each Account established herein 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 am at least 18 years of age and of full legal age in the state in which I reside.

I acknowledge that Accounts and their earnings are not guaranteed or insured by the Federal Deposit Insurance Corporation (except for the Bank Savings Underlying Investment) or any other governmental agency; are not guaranteed by the State of Illinois, the Illinois State Treasurer, or Union Bank and Trust Company; and are subject to investment risk, including loss of principal.

I understand that it is the Program's policy to send one copy of the Program Disclosure Statement for all Accounts for which I am Account Owner. I understand this applies to all existing Accounts and any Accounts that I may open in the future. I consent to this policy.

I authorize Union Bank and Trust Company, its agents and affiliates, and the Trust to act on any instructions believed to be genuine and from me for any telephone, electronic and website services. Union Bank and Trust Company and the Trust use procedures designed to verify the authenticity of the Account Owner or Custodian. If these procedures are followed, Union Bank and Trust Company and the Trust will not be liable for any loss that may result from acting on unauthorized instructions. I understand that anyone who can properly identify my Account(s) can obtain information about my Account and can make telephone, electronic, or computer exchange and/or redemption, contribution or withdrawal transactions on my behalf.

By selecting the electronic transfer service in Section 6 and 7, I hereby authorize Union Bank and Trust Company to initiate debit and/or credit entries to the bank account indicated above, and the bank indicated above to debit the same amount. I acknowledge that the referenced bank account will be linked to my Bright Start College Savings Program Account so that I may purchase or sell shares by telephone or online at BrightStart.com. This authority is to remain in full force and effect until Union Bank and Trust Company has received notification from me of its modification or termination in such time as to afford Union Bank and Trust Company reasonable time 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 cancelled by Union Bank and Trust Company. I acknowledge that the origination of Automated Clearing House ("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, Union Bank and Trust Company will not bear any liability. Union Bank and Trust Company may correct any transaction errors with a debit or credit to my financial institution account and/or my Bright Start College Savings Program Account. Please retain a copy of this authorization for your records.

If established with a Trust as Account Owner, by signing this Enrollment 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), the Trustee or Trustees have the authority to open an account, and that there are no other Trustees of the Trust other than those listed in Section 1.

ILLINOIS FIRST STEPS \$50 SEED DEPOSIT, if I completed Section 8, I certify that:

I was a resident of Illinois at the time of birth or adoption of the Beneficiary named in Section 3; such Beneficiary was born or adopted on or after January 1, 2023 and is under ten (10) years of age; I am the parent or legal guardian of such Beneficiary; and I understand that only one \$50 seed deposit can be claimed for each Beneficiary.

I understand that the \$50 seed deposit will be held in an omnibus Bright Start Account owned and managed by the Illinois State Treasurer and neither I nor any successor Account Owner will have control or access to the funds.

I understand that the seed deposit funds, if validly claimed by the Beneficiary's tenth birthday, may be used by a Beneficiary who is a resident of Illinois for qualified higher education expenses as defined by Illinois (does not include K-12 expenses) after the Beneficiary has completed secondary education or has reached the age of 18.

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.

Signature and Date Required

X _____
Signature of Account Owner, Custodian (UGMA/UTMA Account), or Trustee Date

Print Name Here Title (if an entity other than an individual is establishing the Account)

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