



# Automatic Investment Plan/ Electronic Bank Transfer Form

**Return this Form to:**

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

**Overnight Mail:**

Bright Start College Savings Program  
6811 South 27th Street  
Lincoln, NE 68512

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

## 1. Current Account Information

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

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

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

Name of Beneficiary: \_\_\_\_\_

## 2. Action to Be Taken (Check One)

- Start a New** Automatic Investment Plan (Complete Sections 3, 5 and 6)
- Modify an Existing** Automatic Investment Plan (Complete Sections 3 and 6)
- Add or Change Banking Information** on file for contributions and redemptions (Complete Sections 5 and 6)
- One-time Electronic Bank Transfer** (Complete Sections 4, 5 and 6)
- Discontinue** my Automatic Investment Plan (Complete Section 6)

## 3. Amount and Frequency of Transactions

Complete this Section if you checked Start a New Automatic Investment Plan or Modify an Existing Automatic Investment Plan in Section 2 above.

**Automatic Investment Plan Amount \$** \_\_\_\_\_

**Frequency of Transactions (Check one):**

- 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): \_\_\_\_\_
  - January, April, July, October     February, May, August, November     March, June, September, December
- Annually (MM/DD) \_\_\_\_\_

## 4. One-Time Electronic Bank Transfer

Amount to be Transferred from your Bank Account \$ \_\_\_\_\_

- Invest pursuant to my current investment allocation on file
- Invest this one-time amount per the following direction (for this contribution only):

529 Portfolio	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

## 5. Banking Information

Fill out the following to add or update bank instructions to your Bright Start Account for an Automatic Investment Plan, Electronic Bank Transfer, subsequent contributions, or redemptions.

- Add bank information
- Add bank information—bank account owner is not the same as Account Owner (Medallion Signature REQUIRED in section 6).
- Replace current bank information

### 1. Account Type:

- Checking     Savings

Name of Bank Account: \_\_\_\_\_

If the bank account is a joint account, please list the 529 account owner.

- **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 purchase and redemption/withdrawal transactions.

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

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

## Authorization

By signing below, I certify that the information contained herein is true, complete, and correct.

By selecting the electronic transfer service in Sections 2, 3, 4, and/or 5, I (the contributor) hereby authorize Union Bank & 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. As the Bright Start College Savings Program Account Owner 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 BrightStartSavings.com. This authority is to remain in full force and effect until Union Bank & Trust Company has received notification from me of its modification or termination in such time as to afford Union Bank & 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 & 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 & Trust Company 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 the Bright Start College Savings Program Account. Please retain a copy of this authorization for your records.

I authorize Union Bank & 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 & 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 & 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.

### 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)

### Bank Account Owner's Signature (if the contributor is different than the Bright Start Account Owner). MEDALLION SIGNATURE GUARANTEE REQUIRED

I acknowledge that my above-referenced bank account will be linked to the Bright Start College Savings Program Account referenced in Section 1.

X \_\_\_\_\_

Bank Account Owner's Signature (if the contributor is different than the Bright Start Account Owner).

Date

\_\_\_\_\_  
Print Name Here

## Medallion Signature Guarantee

**A Medallion Signature Guarantee is required if the name on the bank account is not the same as the Bright Start College Savings Program Account Owner.**

MEDALLION SIGNATURE GUARANTEE

**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 PUBLIC CANNOT PROVIDE A SIGNATURE GUARANTEE)**

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



**Michael W. Frerichs**  
ILLINOIS STATE TREASURER

Trustee & Administrator

**UBT**  
Union Bank & Trust

Program Manager