



# Add or Change a Successor Account Owner Form

**Return this Form to:**

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

**Overnight Mail:**

Bright Start College Savings Program  
3606 South 48th Street  
Lincoln, NE 68506

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 Name (First, Middle, Last): \_\_\_\_\_

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

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

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

## 2. Add or Change a Successor Account Owner

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.

Remove the current Successor Account Owner without designating a new Successor Account Owner

Add a new Successor Account Owner

Successor Account Owner Name (First, Middle, Last): \_\_\_\_\_

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

Successor Account Owner City, State: \_\_\_\_\_

## 3. 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 Successor Account Owner currently named on the Account.**

Signature and Date Required	
<b>X</b> _____	Date
Signature of Account Owner, Custodian (UGMA/UTMA Accounts), or Trustee	
_____	
Print Name Here	
_____	
Title (if other than an individual)	
_____	

 **Michael W. Frerichs**  
ILLINOIS STATE TREASURER  
Trustee & Administrator

**UBT**  
Union Bank & Trust  
Program Manager