



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
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 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	
X _____	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