



## Change of Designated Beneficiary 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).

You can also fax the completed form to us at **402.323.1797**.

### 1. Current Account Information

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

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

Mobile Phone Number: \_\_\_\_\_

Secondary Phone Number: \_\_\_\_\_

Name of Current Beneficiary (First, M.I., Last): \_\_\_\_\_

### 2. New Beneficiary

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

Social Security Number or Taxpayer Identification Number: \_\_\_\_\_

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

Gender:  Male  Female

Street Address (no P.O. Boxes): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Relationship to Current Beneficiary: \_\_\_\_\_

Check this box if the new Designated Beneficiary is not a “Member of the Family” of the current Designated Beneficiary.

As the Account Owner, you may change the Designated Beneficiary at any time without adverse income-tax consequences if the new Designated Beneficiary is a Member of the Family of the current Designated Beneficiary. If the new Designated Beneficiary is not a Member of the Family of the current Designated Beneficiary, the change is treated as a withdrawal that is subject to federal and state income taxes and a 10% federal penalty tax.

**Member of the Family**—IRS Publication 970 provides the following definition:

**Members of the beneficiary’s family.** For these purposes, the beneficiary’s family includes the beneficiary’s spouse and the following other relatives of the beneficiary.

1. Son, daughter, stepchild, foster child, adopted child, or a descendant of any of them
2. Brother, sister, stepbrother, or stepsister
3. Father or mother or ancestor of either
4. Stepfather or stepmother
5. Son or daughter of a brother or sister
6. Brother or sister of father or mother
7. Son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, or sister-in-law
8. The spouse of any individual listed above
9. First cousin

### Investment Portfolio Selection

(Your initial and future contribution(s) will be invested based on your following selection, unless directed otherwise.)

**No change to current investment selections** If you are currently invested in an Age-Based Portfolio and the new designated Beneficiary is in a different age-band than the current designated Beneficiary, the Account will be invested in the age-band of the new designated Beneficiary.

**Yes, I want to change the investment selection as follows:** Check only one box: A or B.

**A. Age-Based Portfolios** (If you've checked box A, select one of the following strategies)

#### 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

#### Multi-Firm Strategy

(Invests in multiple mutual fund families)

\_\_\_\_\_ % Equity Portfolio

\_\_\_\_\_ % Balanced Portfolio

\_\_\_\_\_ % Fixed Income 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

#### Domestic (U.S.) Equity

\_\_\_\_\_ % DFA U.S. Targeted 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 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%

## 4. 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 Designated Beneficiary currently named on the Account.**

### Signature and Date Required

X

\_\_\_\_\_  
Signature of Account Owner or Trustee

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Title (if other than an individual)



**Michael W. Frerichs**  
ILLINOIS STATE TREASURER

Trustee & Administrator

**UBT**

Union Bank & Trust

Program Manager