



## Enrollment Form

Enroll Online at [BrightStart.com](http://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  
6811 South 27th Street  
Lincoln, NE 68512

If you have questions, please call us at **877.432.7444**,  
Monday–Friday, 7a.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 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 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 of Trustee: \_\_\_\_\_

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

Date of Birth of Trustee (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: \_\_\_\_\_

Mobile 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

Grandchild

Niece/Nephew

Self

Other \_\_\_\_\_

## 4. Successor Account Owner

(Not permitted for UGMA/UTMA 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.

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

**☐ 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

**Multi-Firm Strategy**

(Invests in multiple mutual fund families)

- \_\_\_\_\_ % Equity Portfolio
- \_\_\_\_\_ % Balanced Portfolio
- \_\_\_\_\_ % Fixed Income Portfolio

**Money Market**

- \_\_\_\_\_ % Vanguard Federal Money Market 529 Portfolio

**International Equity**

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

**Real Estate**

- \_\_\_\_\_ % Vanguard Real Estate Index 529 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 Fund 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 systematic 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): \_\_\_\_\_

January, April, July, October

February, May, August, November

March, June, September, December

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 indicated 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

### 1. 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 purchase and redemption/withdrawal transactions.

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

Name on Bank Account: \_\_\_\_\_

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

**8. 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 / Tax Forms / 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 visiting BrightStart.com and clicking on Statements and edit Delivery Mode.

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.

**9. Demographic Information**  
(For statistical purposes only)

The following information is being requested for internal purposes. Your response will be kept confidential. See the Program's Privacy Notice.

**1. How did you hear about Bright Start?**

(you may select more than one)

- Friend, family, or colleague
  - Internet research
  - Program representative/event
  - Employer
  - News story
  - Online advertising
  - TV commercial
  - Radio
  - Email
  - Direct mail
  - Print ad
  - Other
- \_\_\_\_\_

**2. What aspect(s) of Bright Start are most appealing to you?**

- Tax advantages
- Flexibility
- Estate planning
- Affordability
- Multi-managed investments

**3. Indicate your education level**  
(select highest level completed)

- High school
- Some college
- Associate degree
- Bachelor's degree
- Master's degree
- Doctorate
- Professional

**4. Annual Household Income**

- \$0-\$24,999
- \$25,000-\$39,999
- \$40,000-\$74,999
- \$75,000-\$99,999
- \$100,000-\$249,999
- Over \$250,000

**5. Indicate the account owner's ethnicity**

- White
  - Asian American
  - African American
  - Hispanic/Latino
  - Native American
  - Other
- \_\_\_\_\_

**10. 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 established under the Bright Start College Savings Program and their earnings are not insured by the Federal Deposit Insurance Corporation (FDIC) or any other governmental agency; are not a deposit or other obligation of Union Bank & Trust Company; are not guaranteed by the State of Illinois, the Illinois State Treasurer, or Union Bank & 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 I am the Account Owner of. 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 & 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.

By selecting the electronic transfer service in Section 6 and 7, I 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. 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 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.

**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 Accounts), or Trustee Date

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

\_\_\_\_\_  
 Title (if 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



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

**UBT**  
Union Bank & Trust  
Program Manager