



Investment Change Form

Complete This Form to Change Investment Portfolios.

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, M.I., Last): _____

Mobile Phone Number: _____ Secondary Phone Number: _____

Beneficiary Name (First, M.I., Last): _____

Beneficiary Date of Birth (MM/DD/YYYY): _____

2. 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)

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

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

Real Estate

- _____ % Vanguard Real Estate Index 529 Portfolio

Multi-Firm Strategy

(Invests in multiple mutual fund families)

- _____ % Equity Portfolio
- _____ % Balanced Portfolio
- _____ % Fixed Income 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

International Equity

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

_____ Above percentages = 100%

3. Authorization

I hereby authorize and direct the change of Investment Portfolio(s) to the investments I selected in Section 2. **I acknowledge that my total Account balance will be transferred to the Portfolio(s) I selected in Section 2 AND all future Contributions will be invested in the Portfolio(s) selected above.** I certify that all the information contained herein is true and correct and that I have read the Program Disclosure Statement and understand the rules and requirements governing investment changes.

Investment changes are allowed twice per calendar year or upon a change of beneficiary.

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)

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