



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
3560 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, 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.)

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

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

Bank Savings

- _____ % Bank Savings 529 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

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 529 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%

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.

I acknowledge that neither the principal contributed to an Account, nor earnings thereon, are guaranteed or insured by the Federal Deposit Insurance Corporation (except for the Bank Savings Underlying Investment) or any other governmental agency; are not guaranteed or insured by the State of Illinois, the Office of the Illinois State Treasurer, any other state, any agency, or instrumentality thereof, Union Bank & Trust Company or its authorized agents or affiliates; and are subject to investment risk, including loss of principal.

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