



# 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  
1248 O Street, Suite 200  
Lincoln, NE 68508

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 and 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 an entity 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