



# Successor Account Owner Add or Change Form

**Return this Form to:**

NEST Direct 529  
P.O. Box 83529  
Lincoln, NE 68501-3529

**Overnight Mail:**

NEST Direct 529  
1248 O Street, Suite 200  
Lincoln, NE 68508

If you have questions, please call us at **888.993.3746**, Monday–Friday, 7 a.m. to 7 p.m. (CT).

## 1. Current Account Information

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

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

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

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

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

## 2. Add or Change a Successor Account Owner

You may name a Successor Account Owner to take control of the Account in the event you die or become legally incompetent.

Remove the current Successor Account Owner without designating a new Successor Account Owner

Add a new Successor Account Owner (This designation will replace the Successor Account Owner currently named on the account.)

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

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

Successor Account Owner City, State: \_\_\_\_\_

## 3. 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.

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)	



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Program Manager

Nebraska Educational Savings Plan Trust, Issuer. Nebraska State Treasurer, Trustee. Nebraska Investment Council, Investment Oversight. Union Bank and Trust Company, Program Manager.