



Account Update Form

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 (Required)

Account Number: _____

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

Daytime Phone Number: _____

Evening Phone Number: _____

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

2. Update Account Owner or Beneficiary Name

This name change applies to the:

- Account Owner**
- Beneficiary**

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

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

Reason for change:

- Marriage (attach copy of marriage certificate)**
- Divorce (attach copy of divorce decree)**
- Other (please specify and attach a copy of applicable legal documents):** _____

3. Update Account Owner or Beneficiary Address

This address change applies to the:

- Account Owner**
- Beneficiary**

Street Address (no P.O. Boxes): _____

City, State, Zip: _____

Mailing Address (if different from above): _____

City, State, Zip: _____

Daytime Phone Number: _____

Evening Phone Number: _____

Email Address: _____

4. eDelivery

- Select this option to sign up to receive quarterly account statements, Program Disclosure Statements, Confirmations, Tax Forms, Supplements, compliance materials, Plan News and Updates via electronic delivery.

IMPORTANT: You will receive a confirmation email from Bright Start that will enable you to complete the eDelivery sign up and selection process.

I request that email notifications be sent to the following email address:

I consent to the delivery of documents that are governed under the Bright Start Electronic Delivery of Documents.

I understand that when a document or statement is available, I will receive an email notification from Bright Start. The email will include a link to the Bright Start secure site, where the document(s) can be viewed and downloaded.

You may revoke this election at any time.

5. 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)

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

UBT
Union Bank & Trust
Program Manager