



BLOOMWELL
529 EDUCATION SAVINGS

Enrollment Form

Complete this Enrollment Form to open a Bloomwell 529 Education Savings Plan Account.

Return this Form to:

Bloomwell 529
P.O. Box 85529
Lincoln, NE 68501-5529

Overnight Mail:

Bloomwell 529
1248 O Street, Suite 200
Lincoln, NE 68508

If you have questions, please call us at **877.408.4644**, Monday–Friday, 7 a.m. to 6 p.m. (CT).

Important Information About Opening a New Account: To help the government fight the funding of terrorism and money laundering activities, federal law requires financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, you must provide your name, address, date of birth, Social Security number or Taxpayer Identification Number, and other information that will allow us to identify you.

An investor should consider the investment objectives, risks, charges and expenses before investing. This and other important information is contained in the Bloomwell 529 Education Savings Plan ("Plan") Program Disclosure Statement, which can be obtained at Bloomwell529.com and should be read carefully before investing. An investor should consider, before investing, whether the investor's or beneficiary's home state offers any state tax or other state benefits such as financial aid, scholarship funds, and protection from creditors that are only available for investments in such state's 529 plan. Investors should consult their tax advisor, attorney, and/or other qualified advisor regarding their specific tax, legal, or investment situation.

1. Account Type and Owner Information (Please check only one and complete the appropriate information)

Individual Account

Legal Name (First, M.I., Last): _____
 Social Security or Taxpayer Identification Number: _____
 Date of Birth (MM/DD/YYYY): _____
 Country of Citizenship: _____

UGMA/UTMA Account

Custodian Name: _____
 Custodian Social Security or Taxpayer Identification Number: _____
 Custodian Date of Birth (MM/DD/YYYY): _____
 Indicate the State in Which the UGMA/UTMA Custodial Account was Opened: _____

Trust-Owned Account

• **Attach copy of Trust Agreement**

Name of Trust: _____
 Trust Tax ID Number: _____ Date of Trust: _____
 Name of Trustee: _____
 Social Security or Taxpayer Identification Number of Trustee: _____
 Date of Birth of Trustee (MM/DD/YYYY): _____

Corporate, 501(c)(3) or other Entity-Owned Account

• **Attach a copy of the corporate resolution, bylaws, or charter that lists the person authorized to act on behalf of the organization.**

Corporation 501(c)(3) Other (Please Specify): _____
 Name of Corporation, 501(c)(3), or other Entity: _____
 Entity Taxpayer Identification Number: _____
 Name of Authorized Representative: _____
 Social Security or Taxpayer Identification Number of Authorized Representative: _____
 Date of Birth of Authorized Representative (MM/DD/YYYY): _____

2. Account Owner Contact Information

Street Address (no P.O. Boxes): _____
City, State, Zip: _____
Mailing Address (if different from above): _____
City, State, Zip: _____
Mobile Phone Number: _____ Secondary Phone Number: _____
Email Address: _____

3. Beneficiary Information (The future student or the beneficiary of the UGMA/UTMA account.)

Legal Name (First, M.I., Last): _____
Social Security or Taxpayer Identification Number: _____
Date of Birth (MM/DD/YYYY): _____
Country of Citizenship: _____
 Please check this box if the Beneficiary's address is the same as the Account Owner's.
If so, you do not need to complete the address line below.

Street Address (no P.O. Boxes): _____
City, State, Zip: _____

Relationship of Account Owner to Beneficiary:

- | | |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Parent | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Guardian | <input type="checkbox"/> Self |
| <input type="checkbox"/> Grandparent | <input type="checkbox"/> Other _____ |

4. Successor Account Owner (As the Account Owner, you may designate a Successor Account Owner to take control of the Account in the event of your death or legal incapacity.)

- A Successor Account Owner cannot be named for UGMA/UTMA Accounts.
- If a Successor Account Owner is not designated on an Individual Account, the Beneficiary becomes the Account Owner upon the death or legal incapacity of the Account Owner. See the Bloomwell 529 Education Savings Plan Program Disclosure Statement for more information.

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

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

Phone Number: _____

Relationship of Account Owner to Successor Account Owner:

- Spouse
 Other _____

5. Individual Authorized to Act

(If you are opening an Individual Account as indicated in **Section 1**, do not complete this section.)

An Individual Authorized to Act is required for entity or government accounts and when the Account Owner is a minor. The Individual Authorized to Act is the person who can transact on the Account until the minor reaches the age of majority in his or her state of residence. The Individual Authorized to Act's address will be used as the Account's address of record and for all account mailings.

- Custodian of UGMA/UTMA Account
- Trustee of Trust (Include letter of authorization.)
- Corporate Officer or Governmental Agent
- Parent/Guardian if a Minor-Owned Account
- Agent or Attorney-in-Fact (Include a copy of the Power of Attorney form.)

Individual Authorized to Act Legal Name (First, M.I., Last): _____

Individual Authorized to Act Social Security or Taxpayer Identification Number: _____

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

Country of Citizenship: _____

- Check if address is the same as Account Owner, otherwise complete the following:

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

City, State, Zip: _____

Account Mailing Address if different from above: _____

(This address will be used as the Account's address of record for all Account mailings.)

City, State, Zip: _____

Mobile Phone Number: _____

Email Address: _____

Investment Option Selection **Must total 100%, only whole percentages allowed.**

(Your initial and future contributions will be invested based on your following selection, unless directed otherwise.)

- **Before choosing any Investment Options, please read the Program Disclosure Statement, available at Bloomwell529.com, for information about the Investment Options.**

Age-Based Investment Options (Age-Based Investment Options automatically adjust as the Beneficiary gets older.)

_____ % Age-Based Core

_____ % Age-Based Socially Aware

Static Investment Options

_____ % Core All Equity

_____ % Socially Aware All Equity

_____ % Core Aggressive

_____ % Socially Aware Aggressive

_____ % Core Growth

_____ % Socially Aware Growth

_____ % Core Balanced

_____ % Socially Aware Balanced

_____ % Core Moderate

_____ % Socially Aware Moderate

_____ % Core Conservative

_____ % Socially Aware Conservative

_____ % Bank Savings

Individual Fund Investment Options**Money Market**_____ % Goldman Sachs Financial Square
Government Money Market 529**Domestic (U.S.) Equity**

_____ % State Street S&P 500® Index 529

_____ % Vanguard Total Stock Market Index 529

_____ % Vanguard Equity Income 529

_____ % Vanguard Russell 1000 Value Index 529

_____ % T. Rowe Price Large-Cap Growth 529

_____ % Vanguard Extended Market Index 529

_____ % Vanguard Russell 2000 Growth Index 529

_____ % iShares Core S&P Small-Cap ETF 529

Fixed Income

_____ % Vanguard Short-Term Bond Index 529

_____ % Vanguard Short-Term Inflation-Protected
Securities Index 529_____ % Vanguard Total Bond Market
Index 529

_____ % MetWest Total Return Bond 529

_____ % DFA World ex U.S. Government Fixed
Income 529**International Equity**

_____ % State Street MSCI® ACWI ex USA Index 529

_____ % Vanguard Emerging Markets Stock
Index 529**Real Estate**

_____ % Vanguard Real Estate Index 529

Above percentages = 100%

7. Contribution Method(s) (Check all that apply)

Contributions by any source will not be available for withdrawal for 7 business days.

Check (payable to Bloomwell 529) \$ _____

Electronic Funds Transfer (EFT) from your bank account \$ _____
This amount will be your initial contribution to open your Account. Please provide your bank information in Section 8. Through EFT, you can make contributions online or by phone by transferring money from your bank account. We will keep your bank instructions on file for future EFT contributions.

Automatic Investment Plan (AIP) \$ _____

This authorizes systematic investments from your bank account. Please provide your bank information in Section 8 below.

Frequency:

Monthly (date) _____

(If you do not provide a date, the transfer will occur on the 16th of each month.)

Twice a month (dates) _____ & _____

(If you do not provide dates, the transfers will occur on the 12th and the 26th of each month.)

Quarterly (date each month) _____

January, April, July, October February, May, August, November March, June, September, December

(If you do not provide a date, the transfer will occur on the 20th of each respective month.)

Annually (MM/DD) _____

Annual Increase: You may increase your Automatic Investment Plan contribution automatically on an annual basis. Your contribution will be adjusted each year in the month you specify by the amount indicated. (If you select the current month the first increase will occur in the following calendar year).

Amount of increase: \$ _____ Month: _____

Rollover from another 529 plan or Coverdell Education Savings Account ("CESA") to a Bloomwell 529 Education Savings Plan Account.

Please complete and return the Incoming Rollover Form. The IRS restricts rollovers between 529 plans for the same Beneficiary to once every 12 months or upon a change of Beneficiary.

Amount (estimated): \$ _____

Indirect Rollover. A check is included from an out-of-state 529, CESA, or qualified U.S. Savings Bond that was redeemed in the last 60 days. You must provide a statement from the prior financial institution or IRS Form 1099-Q or 1099-INT showing the contribution and earnings portion of the redemption. If these forms are not provided the entire amount will be treated as earnings.

Source (check one):

Out-of-State 529 Plan Coverdell Education Savings Account Qualified U.S. Savings Bonds Proceeds

Amount: \$ _____ Principal (basis): \$ _____ Earnings: \$ _____

Payroll Direct Deposit. Complete the Payroll Direct Deposit Form and return with this Enrollment Form. If you want to make contributions to your Bloomwell 529 Education Savings Plan Account directly as a payroll direct deposit, you must contact your employer's payroll office to verify that you can participate.

Deposit of UGMA/UTMA Custodial Assets. The Account will be funded with proceeds from the sale of assets held in a UGMA/UTMA custodial account.

8. Bank Information

(Required to establish the EFT or AIP service)

1. Account Type:

- Checking Savings

• **Tape voided check here.**

This bank account will automatically be linked to your Bloomwell 529 Education Savings Plan Account for telephone and website purchase and redemption/ withdrawal transactions.

Your Name _____	1234
Pay to the order of _____	
Sample _____	
Bank Name and Address _____	
Member ID _____	
: 123456789: 34568:	

TAPE YOUR PREPRINTED
VOIDED CHECK OR SAVINGS
ACCOUNT DEPOSIT SLIP HERE.

- Instead of submitting a separate check, use the bank account information on the initial investment check enclosed.
- Use the bank account information from my other 529 accounts in the Trust.

Last 4 digits of bank account number(s): _____

Name(s) on bank account: _____

If you are not the bank account owner – the named bank account owner(s) must authorize AIP and/or EFT service by signing here.

X _____ _____
 Signature Signature

9. Agent Authorization Information (Optional)

- Complete this section to designate a financial professional as your agent with limited authority to transact business with your Account.
- You may only designate one level of authorization.
- If there is anything about this section that you do not understand, please ask your financial professional or attorney for assistance.

NOTICE: THIS DOCUMENT GIVES YOUR AGENT THE POWER TO TAKE CERTAIN ACTIONS IN CONNECTION WITH THE BLOOMWELL 529 EDUCATION SAVINGS PLAN FOR YOU WITHOUT YOUR FURTHER CONSENT. THE POWERS GRANTED ARE SIGNIFICANT AND SUBJECT TO NEBRASKA LAW, INCLUDING THE NEBRASKA UNIFORM DURABLE POWER OF ATTORNEY ACT. ACTIONS TAKEN BY YOUR AGENT WILL BIND YOU AND YOUR SUCCESSORS.

IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. SUBJECT TO APPLICABLE LAW AND REGULATIONS AND THE TERMS AND CONDITIONS OF THE PLAN, YOU MAY REVOKE THIS LIMITED POWER OF ATTORNEY IN THE FUTURE. IF YOU WISH TO REVOKE THIS LIMITED POWER OF ATTORNEY YOU MUST NOTIFY THE AGENT IN WRITING WITH A COPY TO THE BLOOMWELL 529 EDUCATION SAVINGS PLAN AT THE ADDRESS SET FORTH ABOVE.

THE PURPOSE OF THIS LIMITED POWER OF ATTORNEY IS TO CONFER UPON AND GRANT TO THE PERSON YOU DESIGNATE (YOUR "AGENT") THE POWERS DESIGNATED HEREIN TO TRANSACT BUSINESS WITH THE BLOOMWELL 529 EDUCATION SAVINGS PLAN, WHICH INCLUDES POWERS TO MAKE INVESTMENT DECISIONS, CONTRIBUTIONS, WITHDRAWALS, AND TAKE OTHER ACTION IN CONNECTION WITH THE BLOOMWELL 529 EDUCATION SAVINGS PLAN WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. THIS FORM DOES NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS. WHEN POWERS ARE EXERCISED, YOUR AGENT MUST ACT FOR YOUR BENEFIT, AND USE THE CARE, COMPETENCE, AND DILIGENCE ORDINARILY EXERCISED BY AGENTS IN SIMILAR CIRCUMSTANCES, ALL IN ACCORDANCE WITH THE PROVISIONS OF THIS LIMITED POWER OF ATTORNEY AND APPLICABLE LAW.

THIS LIMITED POWER OF ATTORNEY IS INTENDED TO COMPLY WITH THE NEBRASKA UNIFORM DURABLE POWER OF ATTORNEY ACT AND SECTION 529 OF THE INTERNAL REVENUE CODE. IN THE EVENT OF A CONFLICT BETWEEN THIS LIMITED POWER OF ATTORNEY AND NEBRASKA LAW, NEBRASKA LAW SHALL CONTROL. IN THE EVENT OF A CONFLICT BETWEEN THIS LIMITED POWER OF ATTORNEY AND SECTION 529 OF THE INTERNAL REVENUE CODE, SECTION 529 OF THE INTERNAL REVENUE CODE WILL CONTROL.

A. Advisor Information (To be completed by financial professional.)

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

Financial Professional Firm Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone Number: _____ Financial Professional FINRA CRD Number: _____

I certify that I am authorized to access and perform transactions in a Bloomwell 529 Education Savings Plan Account on behalf of the Account Owner listed in Section 1 of this Enrollment Form in accordance with the authorization level selected in Section 9B.

BY SIGNING, ACCEPTING, OR ACTING UNDER THIS APPOINTMENT, I ASSUME THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT. I ACKNOWLEDGE THAT, AS AGENT, I WORK EXCLUSIVELY FOR THE BENEFIT OF THE ACCOUNT OWNER. I FURTHER ACKNOWLEDGE THAT I OWE A DUTY OF LOYALTY TO AND PROTECTION OF THE BEST INTERESTS OF THE ACCOUNT OWNER, A DUTY TO AVOID CONFLICTS OF INTEREST AND TO USE ORDINARY SKILL AND PRUDENCE IN THE EXERCISE OF THESE DUTIES. I AGREE TO DIRECT ANY BENEFITS DERIVED FROM THIS LIMITED POWER OF ATTORNEY TO THE ACCOUNT OWNER.

X _____ _____
 Signature Date (MM/DD/YYYY)

9. **Agent Authorization Information** (Continued from previous page)

B. Authorization Level

I, the Account Owner listed in **Section 1**, appoint the financial professional listed in **Section 9A**, as my agent. (Please initial the appropriate level of access that applies to the Account.)

_____ **Level 1 — Account Inquiry Access.** To obtain information about the Account and receive duplicate Account statements from the Bloomwell 529 Education Savings Plan.*
Initial

_____ **Level 2 — Account Inquiry Access, Contributions, and Investment Option Changes.** To obtain information about the Account and receive duplicate Account statements from the Bloomwell 529 Education Savings Plan. To contribute money to the above-referenced Account and to move money among Investment Options within the Account.*

_____ **Level 3 — Account Inquiry Access, Contributions, Investment Option Changes, and Federal or Nebraska Qualified Withdrawals.** To obtain information about the Account and receive duplicate Account statements from the Bloomwell 529 Education Savings Plan. To contribute money to the Account and to move money among Investment Options within the Account. To make qualified withdrawals, now or in the future, from the Account.*
Initial

* The authority granted in Level 1, 2, or 3 is limited to the level of authority specified above. The financial professional listed in **Section 9A** shall have no authority to take any other action, including, but not limited to:

- Changing the address of record on the Account Owner’s Account,
- Adding, deleting, or changing any banking information with respect to the Account Owner’s Account,
- Changing the Beneficiary,
- Signing or e-signing an **Enrollment Form** or otherwise opening a new Account on the Account Owner’s behalf, or Transferring assets to a new Account.

10. **Systematic Exchange Program** (Optional)

The Systematic Exchange Program allows you to exchange money between Investment Options on a pre-scheduled basis.

- The “Exchanged from” Investment Option must have a minimum of \$2,500 in assets to start the Systematic Exchange Program.
- Your entire initial deposit does not need to be included in the Systematic Exchange Program.
- You must designate a minimum of \$200 for each monthly or quarterly scheduled exchange.
- To start a systematic exchange at the time of enrollment you must select the Electronic Fund Transfer option in Section 7 or mail a contribution check with this completed form to the Plan.
- If you make any changes to or cancel an established Systematic Exchange Program, it will count toward your twice per calendar year investment change limit.

Frequency (Check one): Monthly Quarterly (3 months from the start date)

Date of Month*: _____

*The first systematic exchange will occur on the day of the month indicated above if received within three business days of that date; otherwise, the systematic exchange will begin the following month or following quarterly date. If a date is not specified, the exchange will take place on the 10th day of the month.

10. Systematic Exchange Program (Continued from previous page)

Exchange From Investment Option: _____

Exchange To Investment Option:

Investment Option: _____ Dollar Amount: \$ _____
(\$200 Minimum)

Investment Option: _____ Dollar Amount: \$ _____
(\$200 Minimum)

Investment Option: _____ Dollar Amount: \$ _____
(\$200 Minimum)

Stop Type (Select one)

Stop date (MM/DD/YYYY): _____

When total amount of exchanges equal: \$ _____

When complete balance of the "Exchange from" Investment Option is depleted.

By completing this section and signing this form, I authorize the Bloomwell 529 Education Savings Plan to process the periodic exchanges as indicated. I understand that making changes to an established Systematic Exchange Program will count toward my twice per calendar year Investment Option change limit.

11. eDelivery of Documents (Select the below box to sign up for 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 the Bloomwell 529 Education Savings Plan that will enable you to complete the eDelivery sign up and selection process.

Email notifications will be sent to the email address listed in Section 2.

I consent to the delivery of documents that are governed under the Bloomwell 529 Education Savings Plan Electronic Delivery of Documents.

I understand that when a document or statement is available, I will receive an email notification from Bloomwell 529 Education Savings Plan. The email will include a link to the Bloomwell 529 Education Savings Plan secure site, where the document(s) can be viewed and downloaded.

I acknowledge that I have Internet access, an email address, and all software necessary to receive and review documents electronically.

You may revoke this election at any time by contacting the Bloomwell 529 Education Savings Plan or logging into your account and requesting paper delivery.

12. Demographic Information (Providing this information is optional. For statistical purposes only.)

The following information is being requested for internal purposes. Your response will be kept confidential. See the Trust's Privacy Notice.

1. How did you hear about the Bloomwell 529 Plan?

(you may select more than one)

- Friend, family or colleague
- Internet
- Financial advisor
- Social media
- Beneficiary's school
- News report
- Magazine/Newspaper
- Radio
- Community event
- Presentation
- Other _____

2. What aspect(s) of the Bloomwell 529 Plan are most appealing to you?

- Tax advantages
- Flexibility
- Estate planning
- Affordability
- Multi-managed investments

3. Indicate your education level

(select highest level completed)

- High school
- Some college
- Associate degree

- Bachelor's degree
- Master's degree
- Doctorate
- Professional

4. Annual household income

- \$0–\$24,999
- \$25,000–\$49,999
- \$50,000–\$74,999
- \$75,000–\$99,999
- Over \$100,000

13. Authorization

Certain capitalized terms are used as defined for purposes of the Program Disclosure Statement.

By signing below, I understand and hereby acknowledge that:

- I have read and understand the terms and conditions of the Plan as described in the Program Disclosure Statement and the Participation Agreement, as currently in effect. I understand the Plan may, from time to time, amend the Program Disclosure Statement or the Participation Agreement. I agree that my Plan Account will be governed by the terms and conditions contained in the Program Disclosure Statement and the Participation Agreement, as amended from time to time.
- All of the information in this Form, as well as any supporting documentation, is true and correct.
- I understand each Account established herein is governed by an arbitration clause, which is set forth in Section 12 of the Participation Agreement. I acknowledge receiving a copy of the arbitration clause.
- I have reached the age of majority in the state in which I reside and I have full authority and legal capacity to purchase Investment Options and to open an Account in the Plan.
- If the Account is minor-owned or is funded with UGMA/UTMA assets, I am the parent/guardian/custodian of the Account Owner, I am authorized to open the Account, and I agree to hold harmless the Plan, the Trust, the Trustee, the Nebraska Investment Council, and Union Bank and Trust Company from any third party claims relating to my actions.
- If I am rolling over assets from an out-of-state 529 plan, by signing below I certify that there has not been a rollover for this Beneficiary during the prior 12-month period.
- I understand that Accounts and their earnings are not guaranteed or insured by the Federal Deposit Insurance Corporation (except the Bank Savings Underlying Investment) or any other governmental agency. Investments are not guaranteed or insured by the Plan, the Trust, the State of Nebraska, the Nebraska State Treasurer, the Nebraska Investment Council, or Union Bank and Trust Company or its authorized agents or any of their affiliates, and are subject to investment risks including the loss of the principal amount invested.
- I understand that it is the Plan's policy to mail one Program Disclosure Statement for all Accounts for which I am Account Owner. I understand this applies to all existing Accounts and any Accounts that I may open in the future. I consent to this policy.
- I authorize Union Bank and Trust Company, its agents and affiliates, and the Trust to act on any instructions believed to be genuine and from me for any telephone, electronic and website services. Union Bank and Trust Company and the Trust use procedures designed to verify the authenticity of the Account Owner or Custodian. If these procedures are followed, Union Bank and Trust Company and the Trust will not be liable for any loss that may result from acting on unauthorized instructions. I understand that anyone who can properly identify my Account(s) can obtain information about my Account(s) and can make telephone, electronic, or computer exchange and/or redemption, contribution or withdrawal transactions on my behalf.
- By selecting the electronic transfer service in Section 7, I hereby certify that Union Bank and Trust Company has been authorized by the owner of the bank account identified in Section 8 to initiate debit and/or credit entries to the bank account indicated above, and the bank indicated above has been authorized by the owner of such bank account to debit the same amount. I further certify that the bank account owner's signature alone is sufficient for such authorization.
- I acknowledge that the referenced bank account will be linked to my Plan Account so that I may purchase or sell shares by telephone or online at Bloomwell529.com. This authority is to remain in full force and effect until Union Bank and Trust Company has received notification from me of its modification or termination in such time as to afford Union Bank and Trust Company reasonable time to act on it. I understand that if a transaction cannot be made because of insufficient funds or because either account has been closed, this service will be cancelled by Union Bank and Trust Company.

13. Authorization (Continued from previous page)

- I acknowledge that the origination of Automated Clearing House (“ACH”) transactions to my account must comply with the provisions of applicable law. I further agree that if my draft is dishonored for any reason, with or without cause, Union Bank and Trust Company and its affiliates, will not bear any liability. Union Bank and Trust Company may correct any transaction errors with a debit or credit to my financial institution account and/or my Plan Account. I will retain a copy of this authorization for my records.
- If established with a trust as Account Owner, by signing this Enrollment Form, I certify that I am authorized to act on its behalf in making this request and that I am authorized to open an Account for the Beneficiary named in Section 3. I further certify that the provided trust agreement (or excerpts thereof) is a true copy of the current and valid legal document(s).
- If established with an entity as Account Owner, by signing this Enrollment Form, I certify that I am authorized to act on its behalf in making this request and that I am authorized to open an Account for the Beneficiary named in Section 3. I further certify that the resolution contained in the Organization Resolution Form is true and correct.
- I agree to promptly inform Union Bank and Trust Company in the event that any of the foregoing certifications becomes untrue. I understand and acknowledge that Union Bank and Trust Company has the right to terminate an individual’s, a trust’s or an entity’s participation in the Plan if it has reasonable grounds to believe that any of the foregoing certifications is untrue.
- IF I HAVE CHOSEN TO DESIGNATE A FINANCIAL PROFESSIONAL AS MY AGENT IN SECTION 9, I UNDERSTAND THAT THIS LIMITED POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED OR TERMINATED AS SPECIFIED BELOW. THIS LIMITED POWER OF ATTORNEY WILL CONTINUE TO BE EFFECTIVE EVEN IF I BECOME DISABLED, INCAPACITATED, OR INCOMPETENT UNLESS I HAVE NAMED A SUCCESSOR ACCOUNT OWNER UNDER NEBRASKA LAW AND THAT SUCCESSOR ACCOUNT OWNER IS NOT YOUR AGENT, IN WHICH CASE THIS POWER OF ATTORNEY WILL TERMINATE AUTOMATICALLY. THIS LIMITED POWER OF ATTORNEY MAY BE REVOKED BY ME AT ANY TIME. ABSENT REVOCATION, THE AUTHORITY GRANTED IN THIS LIMITED POWER OF ATTORNEY IS EFFECTIVE WHEN THIS LIMITED POWER OF ATTORNEY IS SIGNED AND CONTINUES IN EFFECT UNTIL MY DEATH.
- If I’ve chosen a financial professional as my agent in Section 9, I agree that any third party who receives a copy of this document may act under it. Revocation or termination of this limited power of attorney due to my death, court determination or any other reason is not effective as to a third party until the third party receives written notice of the revocation or termination and the third party has had a reasonable amount of time to act on such notice. I, for myself and for my heirs, executors, legal representatives and assigns, agree to indemnify and hold harmless the Bloomwell 529 Education Savings Plan, the Nebraska Educational Savings Plan Trust, the State of Nebraska, the Nebraska State Treasurer, the Nebraska Investment Council, the Program Manager or its authorized agents and any of their respective affiliates, agents, and employees, and any third party acting hereunder (any of such persons, individually, a “third party”) in connection with the Bloomwell 529 Education Savings Plan, for any claims that arise against the third party because of reliance on this limited power of attorney.

Signature and Date Required	
X	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between; font-size: small;"> Signature of Account Owner, Custodian (UGMA/UTMA Accounts), or Trustee Date </div> <div style="border-bottom: 1px solid black; margin-top: 10px; padding-top: 5px;"> Print Name Here </div> <div style="border-bottom: 1px solid black; margin-top: 10px; padding-top: 5px;"> Title (if other than an individual is establishing the Account) </div>



UBT
 Union Bank & Trust
 Program Manager

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