



Successor Account Owner Add or Change Form

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 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	
<p>X _____</p> <p>Signature of Account Owner, Custodian (UGMA/UTMA Accounts), or Trustee</p> <p>_____</p> <p>Print Name Here</p> <p>_____</p> <p>Title (if other than an individual)</p>	<p>_____</p> <p>Date</p>



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