

3. Instructions for Direct Rollovers

- Please provide current 529 plan name or Coverdell ESA Custodian Financial Institution information. *(Not required for savings bonds.)*
- We will contact the current 529 plan or custodian to send the funds to us. Please ask the current 529 plan or custodian if this request must be signature guaranteed and if so, complete **Section 7**.
- The account from which you are moving assets must have the same Account Owner name as well as Social Security number or Taxpayer Identification number as your NEST Advisor Plan Account. Your rollover proceeds will be invested according to the standing allocation instructions on file at the time the assets are received. If you have not established an Account, they will be invested according to what you choose on the **Enrollment Form**. Please contact the program manager or custodian of the account from which assets are being redeemed for proper mailing address.

Account Number of 529 Plan or ESA

Account Number of 529 Plan or ESA

Name of Current 529 Plan or Custodian

Name of Current 529 Plan or Custodian *(Usually a financial institution)*

Full Name of 529 Plan

Full Name of 529 Plan *(If applicable)*

Address

Address

City

City

State

State

Zip Code

Zip Code

Contact Person

Contact Person

Telephone Number

Telephone Number

Check this box if the Beneficiary on this account differs from the Beneficiary indicated in **Section 2**.

Check one.

A. **Roll over all of the assets in my current 529 plan or ESA to the NEST Advisor Plan.**

(To list more than two current Accounts, use a separate sheet.)

Current Account Number

Current Account Number

Estimated Account Value

Estimated Account Value

Current Account Number

Current Account Number

Estimated Account Value

Estimated Account Value

B. **Roll over a portion of the assets as directed below to the NEST Advisor Plan.**

(To list more than two Investment Options to roll assets out of, use a separate sheet.)

Current Account Number

Current Account Number

Name of Investment Portfolio

Name of Investment Portfolio

Amount

Amount

Current Account Number

Current Account Number

Name of Investment Portfolio

Name of Investment Portfolio

Amount

Amount

6. Signature — YOU MUST SIGN BELOW

- I certify that I have read and understand, consent, and agree to all the terms and conditions of the NEST Advisor Plan Program Disclosure Statement and Participation Agreement as they relate to this Incoming Rollover request.
- By signing below, I authorize the Program Manager or its designee to roll over assets into the NEST Advisor Plan according to the instructions above.
- If the Account is owned by an entity or trust, I certify that I am authorized to act on its behalf in making this request. If the Account is a minor-owned account or is funded with UGMA/UTMA assets, I further certify that I am the parent/guardian/custodian of the account in question, and that this request is in the best interest of the Beneficiary.
- If I am rolling over assets from another 529 plan, by signing below I certify that there has not been a rollover for this Beneficiary during the prior 12-month period. I further understand that moving assets among the same Account Owner and Beneficiary Account that is in any 529 plan issued by the Nebraska Educational Savings Plan Trust will count towards my twice per calendar year Investment Option change limit and I certify that more than one Investment Option change has not occurred during the calendar year.
- If rolling over assets from another 529 plan to a new Beneficiary, I certify that the new Beneficiary is a "Member of the Family" of the current Beneficiary at the distributing 529 plan.
- I further certify that if I have already redeemed the rollover amount for deposit into a NEST Advisor Plan Account, this request is within 60 days of the withdrawal.
- If I am requesting a direct rollover, by signing below, I authorize the current 529 Plan manager or custodian to liquidate my investment identified in **Section 3** and roll over the assets into the NEST Advisor Plan Account indicated in **Section 2** of this form. I understand I may need a signature guarantee in **Section 7**.
- I understand that I cannot make additional contributions for a Beneficiary when the fair market value of all accounts maintained for that Beneficiary within all programs offered by the State of Nebraska exceeds \$400,000.
- I understand that the program manager, custodian or financial institution of the account from which assets are being redeemed is responsible for providing the NEST Advisor Plan with a statement certifying the breakdown of contributions and earnings of the amount transferred. I further understand that until such statement is provided, the NEST Advisor Plan will treat the entire deposit as earnings.
- I understand that rollovers, deposits, or Beneficiary changes not meeting these conditions may result in the earnings portion of the deposit being considered a Non-Qualified Withdrawal subject to federal income tax and an additional 10% federal tax, and may be subject to state or local income tax.

SIGNATURE

Signature of Account Owner

□□ — □□ — □□□□

Date (mm/dd/yyyy)

If the current 529 Plan manager or custodian of the account from which assets are being redeemed requires a Medallion Signature Guarantee, please also go to Section 7.

7. Medallion Signature Guarantee — IF APPLICABLE

(Only applicable if the current 529 Plan manager or custodian of the account from which the assets are being redeemed requires a Medallion Signature Guarantee - please check with your current 529 Plan manager or custodian. The lack of a required Signature Guarantee could delay this rollover.)

- You must provide the following information as underwritten certification that your signature is genuine.
- You can obtain a Medallion Signature Guarantee from an authorized officer of a bank, broker, or other qualified financial institution. A notary public cannot provide a Medallion Signature Guarantee, nor can you guarantee your own signature.
- **Do not sign below until you are in the presence of the authorized officer providing the Medallion Signature Guarantee.**

I certify that the information provided herein is true and complete in all respects, and that I have read and understand, consent, and agree to all the terms and conditions of the Program Disclosure Statement.

SIGNATURE

Signature of Account Owner

Signature Guarantor

Title

Name of Institution

□□ — □□ — □□□□

Date (mm/dd/yyyy)

Authorized Officer to place stamp here

8. Authorization and acceptance *(No Account Owner action is necessary in this section.)*

The NEST Advisor College Savings Plan hereby agrees to accept the rollover described herein and upon receipt will deposit the proceeds in the Account established on behalf of the Account Owner named herein.



Authorized signature, NEST Advisor College Savings Plan

INSTRUCTIONS TO 529 PLAN OR CUSTODIAN

Send redemption proceeds by check to **NEST Advisor College Savings Plan, P.O. Box 30277, Omaha, NE 68103-1377.** Make the check payable to **NEST Advisor Plan.** Include the Account Owner name and the NEST Advisor College Savings Plan Account number *(if provided)* on the check and enclose a statement that shows the principal and earnings in the Account.

Nebraska Educational Savings Plan Trust, Issuer. Nebraska State Treasurer, Trustee. Nebraska Investment Council, Investment Oversight. First National Bank of Omaha, Program Manager. First National Capital Markets, Inc. Primary Distributor, Member FINRA, SIPC. First National Capital Markets and First National Bank of Omaha are affiliates.



Nebraska State Treasurer, Trustee

1 First National Bank Omaha
Program Manager

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