





**4. Investment Option selection** (Check only one.)

- Before choosing your Investment Options, see the Program Disclosure Statement (available at [www.statefarm.com](http://www.statefarm.com)) for complete information about the Investment Options offered. You must allocate at least **1%** of your contributions to each Investment Option you choose. Use whole percentages only.

A.  I want to **keep the same investment allocation** for my new Beneficiary.

B.  I want to **establish a new investment allocation** as listed below.

**Note:** See the Program Disclosure Statement (available at [www.statefarm.com](http://www.statefarm.com)) for complete information on the Investment Options you are considering.

**Age-Based Investment Option**

Age-Based

**Class A Units**

%

**Static Investment Options**

All Equity Static

%

Growth Static

%

Moderate Growth Static

%

Balanced Static

%

Conservative Static

%

Money Market Static

%

Bank Savings Static

%

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%

**1 0 0** %

**5. Successor Account Owner information** *(Optional)*

- The Successor Account Owner will take over control of the Account in the event of your death.
- To change an existing Successor Account Owner, please go online at [www.statefarm529.com](http://www.statefarm529.com) or call **1.800.321.7520** for instructions.
- You may revoke or change the Successor Account Owner at anytime. See the Program Disclosure Statement for more information.

I want to have the same Successor Account Owner for the new Beneficiary.

**6. Automatic Investment Plan (AIP)** *(Optional)*

Through AIP, you can have funds transferred electronically — on a regular basis — from your bank, savings and loan, or credit union account to your State Farm Plan Account. Your contribution will be credited to your State Farm Plan Account on the business day before it is debited from your bank account. You may add, change, or delete bank information, or change the investment amount and frequency at any time by logging on to your Account at [www.statefarm529.com](http://www.statefarm529.com).

I would like to continue my existing AIP for the new Beneficiary.

**7. SIGNATURE — YOU MUST SIGN BELOW**

- By signing below, I hereby acknowledge that I have received, read and agree to the terms and conditions of the Program Disclosure Statement, which governs all aspects of this Account and is incorporated herein by reference. I will retain a copy of each for my records.
- I certify that all of the information I have provided on this form is accurate and complete and that I am bound by the terms, rights and responsibilities stated in the Program Disclosure Statement and by any and all statutory, administrative and operating procedures that govern the State Farm Plan. Except as set forth below, I understand that the Program Disclosure Statement and Enrollment Form constitute the entire agreement between me and the Nebraska Educational Savings Plan Trust (Trust). No person is authorized to make an oral modification to this agreement.
- I understand investments are not guaranteed or insured by the FDIC (except for the Bank Savings Static Investment Option) or any other government agency, and are not deposits or other obligations of any depository institution. Investments are not guaranteed or insured by the State Farm Plan, the Trust, the State of Nebraska, the Nebraska State Treasurer, the Nebraska Investment Council, State Farm VP Management Corp., or any of their authorized agents or affiliates, or the Program Manager or its authorized agents or any of their affiliates (collectively, "NEST Associated Persons"), and are subject to investment risks including the loss of the principal amount invested.
- I understand that participation in the State Farm Plan does not guarantee that contributions and the investment return on contributions, if any, will be adequate to cover tuition and other higher education expenses or that a Beneficiary will be admitted to or permitted to continue to attend an Eligible Educational Institution.
- I intend to use my Account solely to pay the qualified higher education expenses of the Beneficiary.
- I understand that by signing this Beneficiary Change Form, I am authorizing First National Bank Omaha and its service provider to provide my Registered Representative with access to my Account and perform transactions on my behalf. I agree to hold harmless the NEST Associated Persons from any claims I make and/or losses I incur as a result of the acts or omissions of my State Farm Registered Representative.
- If I have chosen the AIP or EFT option, I authorize the Program Manager and its designees, upon telephone or online request, to pay amounts representing redemptions made by me or to secure payment of amounts invested by me, by initiating credit or debit entries to my account at the bank named in **Section 10F** of my original Enrollment Form. I authorize the bank to accept any such credits or debits to my account without responsibility to their correctness. I acknowledge that the origination of ACH transactions involving my bank account must comply with U.S. law. I further agree that the NEST Associated Persons will not incur any loss, liability, cost, or expense for acting upon my telephone or online request. I understand that this authorization may be terminated by me at any time by notifying the Program Manager and the bank by telephone or in writing, and that the termination request will be effective as soon as the Program Manager and the bank have had a reasonable amount of time to act upon it. I certify that I have authority to transact on the bank account identified by me in **Section 10F** of my original Enrollment Form or that the account owners of such bank account have authorized me to institute this AIP and/or EFT service from their account on their behalf.
- To the best of my knowledge, each contribution to my Account, when added to the value of all other accounts established for the same Beneficiary in 529 plans issued by the Trust will not cause the aggregate balances in such accounts to exceed the Maximum Contribution Limit then in effect or the cost in current dollars of qualified higher education expenses that I reasonably anticipate the Beneficiary will incur.
- If the Account is Minor-Owned or is funded with UGMA/UTMA assets, I certify that I am of legal age in my state of residence, I am the Parent/Guardian/Custodian of the Account, and that I am authorized to open the Account and I am not aware of any adverse claim of ownership or court order relating to this Account, and I agree to hold harmless NEST Associated Persons from any third party claims relating to my actions.
- 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 and that I am authorized to open an Account for the Beneficiary named in **Section 2**. I agree to promptly inform the Program Manager in the event that any of the foregoing certifications becomes untrue. I understand and acknowledge that the Program Manager has the right to terminate the entity's participation in the Program if it has reasonable grounds to believe that any of the foregoing certifications is untrue.
- I certify that the new Beneficiary is a "Member of the Family" of the current Beneficiary listed in **Section 1**. I understand that transfers not meeting this condition may result in the earnings portion of the transfer being considered a Non-Qualified Withdrawal subject to both state and federal income tax as well as an additional 10% federal tax.

SIGNATURE

Signature of Account Owner

□□ — □□ — □□□□

Date (mm/dd/yyyy)

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. Distributor, Member FINRA, SIPC, State Farm, Selling Dealer. First National Capital Markets and First National Bank of Omaha are affiliates.



Nebraska State Treasurer, Trustee



Program Manager