







**Individual Authorized to Act** *(Continued)*

B. Information to change.

Individual Authorized to Act (First name) (m.i.)

Individual Authorized to Act Legal Name (Last name)

Social Security Number or Taxpayer Identification Number **(Required)**

Permanent Street Address *(P.O. boxes are not acceptable.)*

City State Zip Code

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 Code

Telephone Number *(In case we have a question about your Account.)*

**7. Interested party information**

Complete this section if you want to add an individual as an interested party to the Account. An interested party will be able to call the Plan, receive information verbally about the Account and receive statements. An interested party will not be allowed to make changes to the account or request transactions. You can also use this section to replace or change existing interested party information on your Account. To add or change information for more than one interested party, use a separate sheet.

**Check one.**

Add  Replace interested party  Change current information  Delete

Name *(first, middle initial, last)*

Mailing Address

City State Zip Code

Telephone Number *(In case we have a question about your Account.)*

**Relationship to Account Owner.**

Compliance  Investment Advisor  Parent/Guardian  Other

**8. Signature — YOU MUST SIGN BELOW**

- I certify that I have read, understand, consent, and agree to all the terms and conditions of the Program Disclosure Statement and understand the rules and regulations governing the State Farm Plan as they relate to this information change request.
- By signing below, I authorize the Program Manager or its designee to change my Account information according to the instructions above.
- If I am changing the Account Owner, by signing this form as the current Account Owner, I acknowledge that the transfer is subject to the Program Manager’s verification of the new Account Owner. I have consulted with a tax advisor concerning the potential income gift and estate tax consequences of my transfer of ownership before signing and submitting this form.
- 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.

SIGNATURE

Signature of Account Owner

□□ — □□ — □□□□

Date (mm/dd/yyyy)

**9. Medallion Signature Guarantee — REQUIRED FOR CHANGES TO THE ACCOUNT OWNER OF AN EXISTING ACCOUNT, REPLACING CUSTODIAN, AND/OR REPLACING A PARENT/GUARDIAN**

- 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 (In the presence of the authorized officer.)

Signature of Guarantor

Title

Name of Institution

□□ — □□ — □□□□

Date (mm/dd/yyyy)

**Authorized Officer to place stamp here**

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.



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