





### 4. Bank information

- Complete this section if you are adding an AIP or EFT option to your Account or if you are changing your bank account information.
- AIP and EFT can be made only through accounts held by a U.S. bank, savings and loan association, or credit union that is a member of the Automated Clearing House (ACH) network. Money market mutual funds and cash management accounts offered through non-bank financial companies cannot be used.

**Important:** Please check the box to confirm that your ACH transactions will not involve a bank or other financial services company, including any branch or office thereof, located outside the territorial jurisdiction of the United States.

Bank Name

Bank Routing Number

Bank Account Number

Account Type:



(Check One.)

Checking

Savings

#### Names on Bank Account

Name (first, middle initial, last)

Name (first, middle initial, last)

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

Signature

Date (mm/dd/yyyy)

Signature

Date (mm/dd/yyyy)

**Note:** The routing number is usually located in the bottom left corner of your checks. You can also ask your bank for the routing number.



**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 TD Ameritrade 529 College Savings Plan Program Disclosure Statement and Participation Agreement as they relate to adding, deleting, or changing financial features.
- By signing below, I authorize the Program Manager or its designee to add, delete, or change financial features according to the instructions above. I understand that if I have changed the Account Owner or address to my Account within the last 20 days, this form must be medallion signature guaranteed below.
- 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 identified in **Section 1**.
- I certify that the information provided herein is true and complete in all respects. I understand that all changes made on this form supersede all my previous designations.
- 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 4. 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 neither the Nebraska Educational Savings Plan Trust, the TD Ameritrade Plan, the State of Nebraska, the Nebraska State Treasurer, nor the Program Manager or its authorized agents or any of their affiliates, or TD Ameritrade or its authorized agents or its affiliates 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 4.

SIGNATURE

Signature of Account Owner

□□ — □□ — □□□□

Date (mm/dd/yyyy)

**Medallion Signature Guarantee—IF APPLICABLE**

- You must provide the following information as underwritten certification that the new signature is genuine.
- You can obtain a signature guarantee from an authorized officer of a bank, broker, or other qualified financial institution. A notary public cannot provide a 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 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 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. Primary Distributor, Member FINRA, SIPC. First National Capital Markets and First National Bank of Omaha are affiliates.

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