





### 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. Systematic Exchange Program (SEP) (Optional)**

The Systematic Exchange Program allows you to exchange from one Investment Option to one or more other Investment Options within your account on a pre-scheduled basis.

- To start a Systematic Exchange Program you must designate a minimum of \$2,500 to be exchanged from one Investment Option to one or more other Investment Options on a pre-scheduled basis. The Exchanged From Investment Option must have a minimum of \$2,500 in assets to start the Systematic Exchange.
- You must designate a minimum of \$200 for each monthly or quarterly scheduled exchange.
- Creating a Systematic Exchange using money that is already invested in your Account will count towards your twice per calendar year investment change limit.
- Creating a Systematic Exchange with new money contributed to your Account will NOT count towards your twice per calendar year investment change limit. To start a Systematic Exchange using new money you must mail a contribution check with this completed Form to the Plan.
- If you make any changes to or cancel an established Systematic Exchange Program it will count towards your twice per calendar year investment change limit.

**Account Number:**           —

**Beneficiary Name:**

First Last

**Frequency (Check one.):**  Monthly  Quarterly (3 months from the start date)

**Day of Month:\***

\*The first systematic exchange will occur on the day of the month indicated above if received within 3 business days of that date; otherwise, the systematic exchange will begin the following month. If a date is not specified, the exchange will take place on the 10th day of the month.

**Exchange From Investment Option:**

**Exchange To Investment Option per Exchange Period:**

	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Investment Option	Dollar Amount (\$200 Minimum)
	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Investment Option	Dollar Amount (\$200 Minimum)
	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Investment Option	Dollar Amount (\$200 Minimum)

**Stop Type (Select one):**

**Stop Date:**   —   —

Date (mm/dd/yyyy)

**Exchange Amount:** \$

**When Complete Balance of the "Exchange from" Investment Option is depleted.**

*By completing this section and signing this Form, I authorize the TD Ameritrade 529 College Savings Plan to process the periodic exchanges as indicated. I understand that making changes to an established Systematic Exchange Program will count towards my twice per calendar year investment option change limit.*

**7. 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.
- If I have added or changed banking information in **Section 4**, I certify that I have authority to transact on the bank account so indicated 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.
- 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 529 College Savings 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)

**Securities Products: Not FDIC Insured - No Bank Guarantee - May Lose Value**

Nebraska Educational Savings Plan Trust, Issuer. First National Capital Markets, Distributor, Member FINRA, SIPC. TD Ameritrade, Inc., sub-administrator. First National Capital Markets and First National Bank of Omaha are affiliates.

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Nebraska State Treasurer, Trustee

**1** First National Bank Omaha

Program Manager