

# State Farm



## Successor Account Owner Add or Change Form

### Return this Form to:

State Farm 529  
P.O. Box 86529  
Lincoln, NE 68501-6529

### Overnight Mail:

State Farm 529  
3560 South 48<sup>th</sup> Street  
Lincoln, NE 68506

If you have questions, please call us at **800.321.7520**, Monday–Friday, 7 a.m. to 7 p.m. (CT).

### 1. Current Account Information

Account Number: \_\_\_\_\_

Account Owner Name (First, M.I., Last): \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_

Secondary Phone Number: \_\_\_\_\_

Name of Beneficiary (First, M.I., Last): \_\_\_\_\_

### 2. Add or Change a Successor Account Owner

You may name a Successor Account Owner to take control of the Account in the event you die or become legally incompetent.

- Remove the current Successor Account Owner without designating a new Successor Account Owner
- Add a new Successor Account Owner

Successor Account Owner Name (First, M.I., Last): \_\_\_\_\_

Successor Account Owner Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Successor Account Owner City, State: \_\_\_\_\_

### 3. Authorization

By signing below, I certify that I am the Account Owner of the Account indicated on this form and that the information contained herein is true, complete, and correct. **This designation will replace the Successor Account Owner currently named on the Account.**

#### Signature and Date Required

X \_\_\_\_\_  
Signature of Account Owner, Custodian (UGMA/UTMA Accounts), or Trustee Date

\_\_\_\_\_  
Print Name Here

\_\_\_\_\_  
Title (if other than an individual)



Nebraska Educational Savings Plan Trust, Issuer. Nebraska State Treasurer, Trustee. Nebraska Investment Council, Investment Oversight. Union Bank & Trust Company, Program Manager. Northern Trust Securities, Inc. Distributor, Member FINRA, SIPC. State Farm, Selling Dealer.