

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
1248 O Street, Suite 200
Lincoln, NE 68508

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 (This designation will replace the Successor Account Owner currently named on the Account.)

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.

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 and Trust Company, Program Manager. Northern Trust Securities, Inc. Distributor, Member FINRA, SIPC. State Farm, Selling Dealer.