



Fee Structure E Employer Authorization Form

(for employers with 25 or more employees)

Return this Form to:

Bright Directions College
Savings Program
P.O. Box 82623
Lincoln, NE 68501

Overnight Mail:

Bright Directions College
Savings Program
3606 South 48th Street
Lincoln, NE 68506

If you have questions, please call us at **(866) 722-7283**,
Monday-Friday, 7:30 a.m. to 6 p.m. (Central).

1. Employer Information

Company or Agency Name: _____

Mailing Address: _____

Contact Person Name: _____

Contact Person Phone Number: _____

Contact Person Email: _____

Total Number of Employees (25 or more employees are required for Fee Structure E availability): _____

2. Investment Professional (Broker/Dealer or Other Financial Advisor Firm)

Investment Professional Name: _____ Rep. Number: _____

Investment Professional Email Address: _____ Daytime Phone: _____

Firm Name: _____

Name of Broker/Dealer Firm: _____

3. Authorization

By signing, I certify that the above-referenced company or agency employs 25 or more employees and qualifies for Fee Structure E.

Signatures and Dates Required

X _____
Signature of Company Representative Date (MM/DD/YYYY)

Printed Name and Title

X _____
Signature of Financial Advisor Date (MM/DD/YYYY)

Printed Name

**Northern Trust
Securities, Inc.**
Distributor



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