



# UGMA/UTMA Account Update Form

**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 a.m. to 7 p.m. (Central).

## 1. Current Account Information

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

Current UGMA/UTMA Custodian Name (First, M.I., Last): \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_

## 2. Change Current Custodian

(Medallion Signature Guarantee **REQUIRED** in Section 5. The new Custodian must complete and enclose an Enrollment Form.)

**New UGMA/UTMA Custodian Information:**

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

Social Security Number or Taxpayer Identification Number: \_\_\_\_\_

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

Street Address (no PO Boxes) \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## 3. Add a Successor Custodian

(A successor custodian becomes the custodian if the current custodian dies, resigns, or is declared legally incompetent.)

UGMA/UTMA Successor Custodian Name (First, M.I., Last): \_\_\_\_\_

UGMA/UTMA Successor Custodian Date of Birth (MM/DD/YYYY): \_\_\_\_\_

UGMA/UTMA Successor Custodian City, State: \_\_\_\_\_

## 4. Authorization

By signing below, I hereby certify that I am the current Custodian of the UGMA/UTMA Account indicated on this form and that the information contained herein is true, complete, and correct.

**If I have completed Section 2**, I hereby resign as Custodian. THIS FORM MUST BE MEDALLION SIGNATURE GUARANTEED IN SECTION 5. The new Custodian has completed and enclosed a new Enrollment Form.

**If I have completed Section 3**, this successor Custodian designation will replace the successor custodian currently named on the Account and is effective only upon my death, my resignation as custodian, or my legal incapacitation.

### Signature and Date Required

X

\_\_\_\_\_  
Signature of Custodian

\_\_\_\_\_  
Date

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

## 5. Medallion Signature Guarantee (REQUIRED When Changing Custodian's in Section 2.)

A Medallion Signature Guarantee of the signature in Section 4 is required when Changing Custodian's in Section 2.

MEDALLION SIGNATURE GUARANTEE

Signature must be stamped with a Medallion Signature Guarantee by a qualified financial institution, such as a commercial bank, savings and loan, U.S. stock broker and security dealer, or credit union, that is participating in an approved Medallion Signature Guarantee program.

**(A NOTARY PUBLIC CANNOT PROVIDE A SIGNATURE GUARANTEE)**

Note to Guarantor:  
Medallion imprints must be fully legible and must not be dated or annotated.

Northern Trust  
Securities, Inc.

Distributor



Michael W. Frerichs  
ILLINOIS STATE TREASURER

Trustee & Administrator

UBT

Union Bank & Trust

Program Manager