



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
1248 O Street, Suite 200
Lincoln, NE 68508

If you have questions, please call us at **866.722.7283**,
Monday–Friday, 7 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.

I acknowledge that, if this form is electronically signed, my electronic signature will have the same legal validity and enforceability as a manually executed signature or handwritten signature to the fullest extent permitted by applicable law, including the Federal Electronic Signatures in Global and National Commerce Act, the Uniform Electronic Transactions Act or any similar state law based on the Uniform Electronic Transactions Act. I acknowledge that any electronic signature must be a certificate-based digital signature, and that any electronically signed form must be accompanied by a digital signature certificate or a digital signature audit trail containing, at a minimum, information regarding the date and time the electronic signature was executed, as well as the following personally identifying information of each signer: the signer's legal name, email address, and internet protocol address. I understand that this form may not be signed using Adobe Acrobat Reader's "Fill & Sign" and "Adobe Sign" features or any other electronic signature method that does not produce an acceptable certificate-based digital signature.

Signature and Date Required

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

Print Name and Title

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

Print Name

**Northern Trust
Securities, Inc.**

DISTRIBUTOR



Michael W. Frerichs
ILLINOIS STATE TREASURER

Trustee & Administrator

UBT

Union Bank & Trust

Program Manager