**Parents/Guardians: Please complete and return this form to FACF at: info@facfoundation.org, or 1005 E 23rd St, Ste #2, Fremont, NE 68025**

## Letter of Instruction

To Whom It May Concern:

I am the parent/legal guardian/friend of _____, and the Account Holder for the NEST 529 College Savings Plan associated with this beneficiary.

I am writing to request that the Fremont Area Community Foundation (host of the GirlPowerr Fund) be added as an additional recipient of the account statements for the purpose of monitoring contributions eligible for matching under the GirlPowerr Fund initiative. Please add the following contact as an additional statement recipient on the account and send account statements to the address below:

Fremont Area Community Foundation
c/o Melissa Diers, Executive Director
1005 E. 23rd St, Suite #2
Fremont, NE 68025

_____

**Information of Account Holder (e.g. Parent, Guardian, etc.):**

Beneficiary Name: _____

NEST 529 Account Number: #_____

Beneficiary Date of Birth: _____

Signature of 529 Account Holder: _____

Printed Name of Account Holder: _____

Account Holder's Email: _____ Phone #: _____

Account Holder's Mailing Address: _____

Date: _____

***Parent/Guardian:*** *Please note that preference may be given to applicants who demonstrate financial need. If your family is experiencing financial circumstances that may impact your daughter's educational opportunities, please share that information below. Examples may include eligibility for the free or reduced-price school lunch program, having multiple children attending college simultaneously, significant family medical expenses, a recent job loss, or other financial challenges. If this does not apply to your household, please indicate "N/A."*