## Brighter Future Advisor Plan

## **Organization Resolution Form**



- Complete a separate form for each Account Owner for whom the organization serves as an agent.
- This form identifies the officers or other persons who are authorized to conduct transactions on Brighter Future Advisor Plan (Brighter Future Advisor) Account(s) on behalf of an organization.
- Organizations covered by this form include: corporations; partnerships; limited liability companies or partnerships; professional corporations
  or associations; endowments; business trusts; and other entities or organizations.
- This form requires the signature of two authorized persons from your organization, one of whom must be the secretary or other authorized
  person who can certify the names of those authorized to access and transact on a Brighter Future Advisor Plan Account. If your organization
  has only one authorized signatory, then a bank officer, practicing attorney or member of a domestic stock exchange must countersign this
  form.
- This resolution remains in effect until we have been notified in writing that it has been revoked or a new **Organization Resolution Form** has been submitted. You must file a new Organization Resolution Form when there is any change in the identity of the persons authorized to act on behalf of your organization.
- Type in your information and print out the completed form, or print clearly, preferably in capital letters and black ink. Mail the form to the address below. Do not staple.

Forms can be downloaded from our website at **www.BrighterFutureAdvisor529.com**, or you can call us to order any form — or request assistance in completing this form — at **1.888.529.9552** any business day from 8 a.m. to 8 p.m. Eastern time.

Mail this form and any other required documents to:

For overnight delivery or registered mail, send to:

Brighter Future Advisor Plan P.O. Box 219700 Kansas City, MO 64121-9700 Brighter Future Advisor Plan 1001 E 101st Terrace, Suite 200 Kansas City, MO 64131

1.	Organization	information

Name of Organization
Address
City State Zip Code
Firm Tay ID Number

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Name of Authorized Person (first, middle initial, last) and Title

Name of Authorized Person (first, middle initial, last) and Title

Name of Authorized Person (first, middle initial, last) and Title

		(names), the duly authorizedand
	(titles), respect	tively, of the organization identified in <b>Section 1</b> , hereby certify the following
authority grante		tion 2B is authorized to act on behalf of the organization to the extent of the uthorization/ Limited Power of Attorney Form filed for the Brighter Future
Services, LLC, B expenses (included resolution and feature 2B. This resolution For Ascensus Broke	lackRock Inc., and any of their resplaing attorney's fees) of any kind into or acting on instructions believed I ion remains in full force and effect in filed with Ascensus Broker Dear Dealer Services, Inc. in its entire	rmless Brighter Future Advisor Plan, the State of Arkansas, Ascensus Broker pective affiliates, agents, and employees from and against all losses, claims, curred by any of them for relying in good faith upon information provided in the by any of them to have originated from any authorized person identified in Soft until revoked by an authorized signatory of the organization. Each Organization Services, Inc. revokes an Organization Resolution Form previously file ty. Any revocation will not affect any liability resulting from transactions initially amount of time to act upon the revocation.
We are authoriz document of our		ve and confirm that these provisions conform to the charter or other organizing
Signature — V	OU MUST SIGN BELOW	
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SIGNATURE	=	
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