


ScholarShare College Savings Plan

Account Application for an Entity Account**ScholarShare529**

- 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 mailing address listed. Do not staple.
- Before you invest, consider whether your or the beneficiary's home state offers any state tax or other state benefits such as financial aid, scholarship funds, and protection from creditors that are only available for investments in that state's qualified tuition program. Before completing this form, carefully read the Plan Description and Participation Agreement.

To request assistance in completing this form call us at **1.800.544.5248**, Monday through Friday from 8 a.m. – 7 p.m. PT.

 **1.800.544.5248**
Monday to Friday 8 a.m. – 7 p.m. PT

 **www.ScholarShare529.com**

Regular mailing address:
ScholarShare College Savings Plan
P.O. Box 219185
Kansas City, MO 64121-9185

Overnight mailing address:
ScholarShare College Savings Plan
1001 E 101st Terrace, Suite 200
Kansas City, MO 64131

Important Information about Procedures for Opening a New Account

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions, including us, to obtain, verify and record information that identifies each person who opens an Account.

What this means for you: When you open an Account, we will ask for your name, address, date of birth, Social Security Number or Taxpayer Identification Number and other information that will allow us to identify you, such as your home telephone number. Until you provide the information we need, we may not be able to open an Account or effect any transactions for you.

If we are unable to verify your identity, we reserve the right to close your Account or take other steps we deem reasonable.

1. Type of Entity *(Check one)*

- ☐ **Trust Account.** I am opening this Account as a trust. *(You must enclose supporting documents substantiating the status of the trust Account, and the authorization of the establishment of the authorized signer. We may also request additional information from you.)*
Note: Foreign trusts are not eligible.
- ☐ **Business Entity.** I am opening this Account as a corporation or association. *(Entity Account Participants are required to provide additional documentation to open the Account or this account cannot be opened. Read the enclosed Documentary Evidence Requirements for Opening New Entity Accounts and List of Approved Documents for Substantiation by Entity Account Participants before completing this form.)*
- ☐ **Internal Revenue Section IRC §501(c)(3) Organization.** I am opening this Account on behalf of a scholarship program, non-profit organization or an organization described in section 501(c)(3) of the Internal Revenue Code and exempt from taxation under section 501(a) as part of a scholarship program operated by such government or organization. *(You must include documentary evidence. Please enclose supporting documents substantiating the status of the entity Account Participant and the authorization of the Account and the authority of the person signing the **Account Application for an Entity Account**. We may also request additional information from you.)*
- ☐ **State or Local Government, or Agency or Instrumentality thereof.** I am opening this Account on behalf of a state or local government (or agency or instrumentality thereof) or an organization described in section 501(c)(3) of the Internal Revenue Code and exempt from taxation under section 501(a) as part of a scholarship program operated by such government or organization. *(You must include documentary evidence. Please enclose supporting documents substantiating the status of the entity Account Participant and the authorization of the Account and the authority of the person signing the Account Application for an Entity Account. We may also request additional information from you.)*



* CA ENTITY ENROLLMENT *

Type of Account *(Check one)*

- ☐ **Entity Account for Named Beneficiary**
- ☐ **Qualified Scholarship Account for Named Beneficiary**
- ☐ **Qualified Scholarship Account for Unnamed Beneficiary** *(only permitted for a State or Local Government or Agency or Instrumentality thereof, or an IRC §501(c)(3) Organization)*

2. A. Entity Account Participant Information *(You must provide all requested information or the Account cannot be opened.)*

Entity Account Participants are required to provide additional documentation to open the Account or this account cannot be opened. Read the enclosed *Documentary Evidence Requirements for Opening New Entity Accounts* and *List of Approved Documents for Substantiation by Entity Account Participants* before completing this form.

Trust/Entity Name **(Required)**

Taxpayer Identification Number **(Required)**

Primary Telephone Number

Secondary Telephone Number

☐

Mobile

☐

Landline

☐

Mobile

☐

Landline

Email Address

Principal Place of Business or Local Office Address *(P.O. boxes are **not** acceptable.)* **(Required)**

City

State

Zip Code

Account Mailing Address if different from above *(This address will be used as the Account's address of record for all account mailings.)*

City

State

Zip Code

B. Authorized Representatives

Name of Trustee 1/Authorized Signer *(First name)**(M.I.)*

Name of Trustee 1/Authorized Signer *(Last name)*

U.S. Permanent Street Address *(P.O. boxes are **not** acceptable.)* **(Required)**

City

State

Zip Code

Social Security Number or Taxpayer Identification Number **(Required)**

Primary Telephone Number

Name of Trustee 2/Authorized Signer *(First name)**(M.I.)*

Name of Trustee 2/Authorized Signer *(Last name)*

Social Security Number or Taxpayer Identification Number **(Required)**

Primary Telephone Number

Legal Entity Beneficial Ownership Certification

This section requires you to provide the name, address, date of birth, and Social Security number for the following individuals:

- Each individual, if any, who owns, directly or indirectly, 25% or more of the equity interest of the legal entity customer (e.g. each natural person that owns 25% or more of the shares of a corporation); AND
- An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, Vice President, or Treasurer).

If no single individual owns 25% or more of this entity, do not complete the beneficial owner sections below. You must notify the Plan if or when an individual ever owns 25% or more of the entity.

[illegible][illegible]

| | | |
|--|-------------------------|----------------------|
| <input type="text"/> | | <input type="text"/> |
| Beneficial Owner (First name) | | (M.I.) |
| <input type="text"/> | | |
| Beneficial Owner (Last name) | | |
| <input type="text"/> | | |
| Title | | |
| <input type="text"/> | | |
| Business or Residential Street Address | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| City | State | Zip Code |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Social Security Number | Birth Date (mm-dd-yyyy) | |

| | | |
|--|-------------------------|----------------------|
| <input type="text"/> | | <input type="text"/> |
| Beneficial Owner (First name) | | (M.I.) |
| <input type="text"/> | | |
| Beneficial Owner (Last name) | | |
| <input type="text"/> | | |
| Title | | |
| <input type="text"/> | | |
| Business or Residential Street Address | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| City | State | Zip Code |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Social Security Number | Birth Date (mm-dd-yyyy) | |

B. Control Person

Please provide the following information for one individual with significant responsibility for managing the legal entity such as: an executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or any other individual who regularly performs similar functions. If appropriate, an individual listed under **Section 3A** above may also be listed in **Section 3B**.

| | | |
|--|-------------------------|----------------------|
| <input type="text"/> | | <input type="text"/> |
| Control Person (First name) | | (M.I.) |
| <input type="text"/> | | |
| Control Person (Last name) | | |
| <input type="text"/> | | |
| Title | | |
| <input type="text"/> | | |
| Business or Residential Street Address | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| City | State | Zip Code |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Social Security Number | Birth Date (mm-dd-yyyy) | |

- This section is not required for a State or Local Government or Agency or Instrumentality thereof, or an IRC §501(c)(3) Organization that selected an unnamed beneficiary, in Section 1.

- -
 - -

City

State

-

Zip Code

☐ Parent ☐ Guardian ☐ Grandparent ☐ Friend ☐ Self ☐ Other

5. Investment Portfolio Selection *(Required)*

Complete this section to allocate your initial and future contributions to your selected Investment Portfolio(s).

- Indicate an allocation percentage next to your selected Investment Portfolio(s) below.
- Use a whole percentage next to each Investment Portfolio below. The TOTAL of all allocations must equal **100%**.
- You may invest in as many Investment Portfolios as you wish from the list below. You do not have to select a portfolio that aligns with the beneficiary's enrollment year.
- You can view or change your Allocation Instructions for future contributions online, by telephone or by form at any time.
- The assets will remain in your selected portfolio(s) unless you exchange your selection(s) for a different Investment Portfolio(s).*

Passive Enrollment Year Investment Portfolio:

| | |
|--|--|
| 2040/2041 Enrollment Portfolio Passive | <input type="text"/> <input type="text"/> <input type="text"/> % |
| 2038/2039 Enrollment Portfolio Passive | <input type="text"/> <input type="text"/> <input type="text"/> % |
| 2036/2037 Enrollment Portfolio Passive | <input type="text"/> <input type="text"/> <input type="text"/> % |
| 2034/2035 Enrollment Portfolio Passive | <input type="text"/> <input type="text"/> <input type="text"/> % |
| 2032/2033 Enrollment Portfolio Passive | <input type="text"/> <input type="text"/> <input type="text"/> % |
| 2030/2031 Enrollment Portfolio Passive | <input type="text"/> <input type="text"/> <input type="text"/> % |
| 2028/2029 Enrollment Portfolio Passive | <input type="text"/> <input type="text"/> <input type="text"/> % |
| 2026/2027 Enrollment Portfolio Passive | <input type="text"/> <input type="text"/> <input type="text"/> % |
| 2024/2025 Enrollment Portfolio Passive | <input type="text"/> <input type="text"/> <input type="text"/> % |
| Enrollment Year Portfolio Passive | <input type="text"/> <input type="text"/> <input type="text"/> % |

Active Enrollment Year Investment Portfolios:

| | |
|---------------------------------------|--|
| 2040/2041 Enrollment Portfolio Active | <input type="text"/> <input type="text"/> <input type="text"/> % |
| 2038/2039 Enrollment Portfolio Active | <input type="text"/> <input type="text"/> <input type="text"/> % |
| 2036/2037 Enrollment Portfolio Active | <input type="text"/> <input type="text"/> <input type="text"/> % |
| 2034/2035 Enrollment Portfolio Active | <input type="text"/> <input type="text"/> <input type="text"/> % |
| 2032/2033 Enrollment Portfolio Active | <input type="text"/> <input type="text"/> <input type="text"/> % |
| 2030/2031 Enrollment Portfolio Active | <input type="text"/> <input type="text"/> <input type="text"/> % |
| 2028/2029 Enrollment Portfolio Active | <input type="text"/> <input type="text"/> <input type="text"/> % |
| 2026/2027 Enrollment Portfolio Active | <input type="text"/> <input type="text"/> <input type="text"/> % |
| 2024/2025 Enrollment Portfolio Active | <input type="text"/> <input type="text"/> <input type="text"/> % |
| Enrollment Year Portfolio Active | <input type="text"/> <input type="text"/> <input type="text"/> % |

ESG Enrollment Year Investment Portfolios:

| | |
|------------------------------------|--|
| 2040/2041 Enrollment Portfolio ESG | <input type="text"/> <input type="text"/> <input type="text"/> % |
| 2038/2039 Enrollment Portfolio ESG | <input type="text"/> <input type="text"/> <input type="text"/> % |
| 2036/2037 Enrollment Portfolio ESG | <input type="text"/> <input type="text"/> <input type="text"/> % |
| 2034/2035 Enrollment Portfolio ESG | <input type="text"/> <input type="text"/> <input type="text"/> % |
| 2032/2033 Enrollment Portfolio ESG | <input type="text"/> <input type="text"/> <input type="text"/> % |

ESG Enrollment Year Investment Portfolios (continued):

| | |
|------------------------------------|--|
| 2030/2031 Enrollment Portfolio ESG | <input type="text"/> <input type="text"/> <input type="text"/> % |
| 2028/2029 Enrollment Portfolio ESG | <input type="text"/> <input type="text"/> <input type="text"/> % |
| 2026/2027 Enrollment Portfolio ESG | <input type="text"/> <input type="text"/> <input type="text"/> % |
| 2024/2025 Enrollment Portfolio ESG | <input type="text"/> <input type="text"/> <input type="text"/> % |
| Enrollment Year Portfolio ESG | <input type="text"/> <input type="text"/> <input type="text"/> % |

Passive Risk-Based Portfolios:

| | |
|--------------------------------------|--|
| ESG Bond Portfolio | <input type="text"/> <input type="text"/> <input type="text"/> % |
| Index Bond Portfolio | <input type="text"/> <input type="text"/> <input type="text"/> % |
| Index International Equity Portfolio | <input type="text"/> <input type="text"/> <input type="text"/> % |
| Index U.S. Equity Portfolio | <input type="text"/> <input type="text"/> <input type="text"/> % |
| Passive Conservative Portfolio | <input type="text"/> <input type="text"/> <input type="text"/> % |
| Passive Diversified Equity Portfolio | <input type="text"/> <input type="text"/> <input type="text"/> % |
| Passive Growth Portfolio | <input type="text"/> <input type="text"/> <input type="text"/> % |

Active Risk-Based Portfolios:

| | |
|---------------------------------------|--|
| Active Conservative Portfolio | <input type="text"/> <input type="text"/> <input type="text"/> % |
| Active Diversified Equity Portfolio | <input type="text"/> <input type="text"/> <input type="text"/> % |
| Active Growth Portfolio | <input type="text"/> <input type="text"/> <input type="text"/> % |
| Active International Equity Portfolio | <input type="text"/> <input type="text"/> <input type="text"/> % |
| ESG International Equity Portfolio | <input type="text"/> <input type="text"/> <input type="text"/> % |
| Social Choice Equity Portfolio | <input type="text"/> <input type="text"/> <input type="text"/> % |

Guaranteed Portfolio:

| | |
|-----------------------------------|---|
| Principal Plus Interest Portfolio | <input type="text"/> <input type="text"/> <input type="text"/> % |
| Total | <input type="text"/> 1 <input type="text"/> 0 <input type="text"/> 0 % |

* Subject to the twice per calendar year limit on investment strategy changes for previously contributed amounts.

6. Contribution Method

- Your initial contribution can come from several sources combined but you must check at least one source. If you combine sources, check the appropriate box for each source and write in the contribution amount for each.
- Contributions by any source will not be available for withdrawal for 8 Business Days.
- Third-party personal checks up to \$10,000 endorsed over to the Plan are accepted.

Source of funds *(Complete all that apply.)*

A. **Check:** Make check payable to the **ScholarShare College Savings Plan.**

Include your check with this Account Application. Personal checks (excluding starter checks), bank drafts, teller's checks, checks issued by a financial institution or brokerage firm payable to you and endorsed over to the Plan by you, and third-party personal checks up to \$10,000 endorsed over to the Plan are accepted.

\$, .

Amount

B. Rollover from another 529 plan or Coverdell Education Savings Account to a ScholarShare College Savings Plan Account:

- To roll over proceeds directly from another 529 plan, submit the Plan's **Incoming Rollover Form** along with this application.

C. **Transfer from an existing ScholarShare College Savings Plan Account:** Complete this section if you are transferring assets from an existing account. You will also need to complete a **Transfer Form**.

—

D. **Indirect Rollover:** A check is included from another 529 plan, Coverdell Education Savings Account, or Qualified U.S. Savings Bond that was redeemed within the last 60 days. You must provide an account statement from your former account or IRS form 1099-INT or 1099-Q showing the contribution and earnings portion of the redemption.

\$, .

Amount of Rollover

\$, .

Principal (Basis)

\$, .

Earnings

E. **Payroll Direct Deposit.** *(This section is not applicable to State of California or University of California Employees – please select the appropriate **Payroll Form** from **ScholarShare529.com** to proceed with Payroll Deduction.):* If you want to make contributions to your ScholarShare College Savings Plan Account directly as a Payroll Direct Deposit, you must contact your employer's payroll office to verify that you can participate. Payroll Direct Deposit contributions will not be made to your ScholarShare College Savings Plan Account until you have received a **Payroll Direct Deposit Confirmation Form** from the ScholarShare College Savings Plan. Once this is received please enter this information on your employer self-service portal *(if available)* or provide your signature and Social Security or tax payer identification number on this form and submit to your employer's payroll office. The amount you indicate below will be in addition to Payroll Direct Deposits that you may have previously established for other ScholarShare College Savings Plan Accounts.

Amount of Payroll Direct Deposit each pay period: \$

- Important:** To set up this option, you must provide bank information in **Section 7**.

Frequency (Select one.): ☐ **Monthly** ☐ **Quarterly** (Every three months.)

*ScholarShare College Savings Plan must receive instructions at least 3 Business Days prior to the next scheduled Recurring Contribution; otherwise, debits from your bank account will begin the following month on the day specified. Please review your quarterly statements for details of these transactions. If the date is not specified, this option will begin the month following the receipt of this request, on the 20th day of the month.

Amount of increase: \$ 0 0

** The month in which your Recurring Contributions will be increased. The first increase will happen at the first occurrence of the month selected.

- \$, .
- Amount

7. Bank Information *(Required to establish the Recurring Contribution or EFT service.)*

Note: The routing number is usually located in the bottom left corner of your checks. You can also ask your bank for the routing number.

Important: I acknowledge that my bank or financial institution is located in the U.S. and/or adheres to U.S. banking regulations.

Bank Name

Bank Routing Number

Bank Account Number

Account Type
(Check One.)☐

Checking

☐

Savings

If applicable, authorization from a joint bank account owner is required to add bank instructions on the account.

Bank Account Owner *(First name)**(M.I.)*Bank Account Owner *(Last name)*

Signature of Bank Account Owner

Date *(mm-dd-yyyy)*Joint Bank Account Owner *(First name)**(M.I.)*Joint Bank Account Owner *(Last name)*

Signature of Joint Bank Account Owner

Date *(mm-dd-yyyy)*

8. Automatic Dollar-Cost Averaging Program (Optional)

Automatic dollar-cost averaging allows you to exchange from one Investment Portfolio to one or more other Investment Portfolios within your Account on a pre-scheduled basis.

- To start automatic dollar-cost averaging you must make a lump sum contribution to an initial Portfolio, and at the time of the lump sum contribution, designate automatic periodic allocations to one or more other Portfolios.
- Your entire initial deposit does not need to be included in the automatic dollar-cost averaging.
- Creating an automatic dollar-cost averaging at the time of enrollment will NOT count towards your twice per calendar year Investment Portfolio change limit. To start automatic dollar-cost averaging at the time of enrollment you must mail a contribution check with this completed form to the Plan.
- If you make any changes to or cancel an established automatic dollar-cost averaging it will count towards your twice per calendar year Investment Portfolio change limit.

Frequency (Select one.): ☐ **Monthly** ☐ **Quarterly** (Based on established date, not calendar quarter.)

Amount: \$, .

Start Date:* - -
Date (mm/dd/yyyy)

* The Program must receive instructions at least 3 business days prior to the indicated start date. Please review your quarterly statements for details of these transactions. If the date is not specified, this option will begin the month following the receipt of this request, on the 15th day of the month.

Stop Type (Select one.):

Stop Date – –
Date (mm/dd/yyyy)

When total amount of Reallocation equals: \$.

☐ When Complete Balance of the "Source Portfolio" Investment Portfolio is depleted.

Source Portfolio:

Target Portfolio:

Investment Portfolio

Investment Portfolio

Investment Portfolio

\$, .

Dollar Amount

\$, .

Dollar Amount

\$, .

Dollar Amount

9. Signature and Certification *(An Authorized Representative must sign this section or this Account will not be opened.)*

By signing below, I am agreeing to terms and conditions set forth below and in the Participation Agreement for Accounts Owned by Individuals (the "Participation Agreement") contained in the Plan Description. I understand and agree that those documents govern all aspects of this Account and are herein incorporated by reference.

I hereby establish, as the Account Participant, an Account representing an interest in the ScholarShare College Savings Plan (the "Plan") for the Beneficiary (if applicable) to be named on this form and enter into this Participation Agreement (this "Agreement") relating to the Account with the Plan.

The ScholarShare Investment Board is the Plan Administrator (the "Administrator"). I understand that the Plan Administrator has retained TIAA-CREF Tuition Financing, Inc. as the Plan Manager (the "Plan Manager") for the Plan and that this Agreement is subject to and incorporates by reference the information concerning the Plan, and the terms applicable to my Account, contained in the Plan Description and its Appendix (the "Plan Description"), as modified from time to time. Each capitalized term used, but not defined in this Agreement, has the meaning of the term provided in the Plan Description.

I certify all of the information provided by me on this **Account Application** is, and all information provided by me in the future will be, true, complete and correct and I authorize the Plan to open this Account based upon this information.

- I understand that at any time the value of any Account(s) to which I make contributions may be more or less than the amounts I contributed to such Account(s).
- I understand that the Plan may, from time to time, amend the Plan Description and Participation Agreement and I understand and agree that I will be subject to the terms of those amendments.
- I have received, read and understand the Plan Description and Participation Agreement.
- I understand that if I did not provide an **Incoming Rollover Form** along with my rollover from another 529 Plan or Coverdell Educations Savings Account, the entire rollover amount will be treated as earnings and will be reported as earnings upon withdrawal, unless the Plan receives a statement, including breakdown of the earnings and contributions, from my original account. Rollovers between 529 plans for the same Beneficiary are permitted only once every 12 months, by law.
- If I have enclosed a check for an indirect rollover, I also certify that this amount was withdrawn from another qualified tuition program or from a Coverdell Education Savings Account within the last 60 days to qualify for rollover treatment and that I have not previously made a rollover for the same Beneficiary within the last 12 months. The entire rollover amount will be treated as earnings, and will be reported as earnings upon withdrawal, unless the Plan receives a statement, including breakdown of the earnings and contributions, from my original account.
- If I have provided banking information in **Section 7**, I authorize the *ScholarShare College Savings Plan* to debit my bank account and to deposit such funds into my Plan Account. I authorize the financial institution holding the bank account to debit without responsibility for the accuracy of the transaction. I further agree that neither the Plan nor its agents will be liable for any loss, liability, cost or expense for acting upon these instructions, except to the extent required by applicable law.
- You should be aware that by providing banking information, you also authorize the Plan to automatically provide certain capabilities in connection with your Account(s). This includes the ability to authorize withdrawals from your Accounts via telephone or through this Website provided your banking information has been on file for a minimum of 30 days. Do not provide your banking information if you do not wish to activate these capabilities. If you wish to remove these capabilities from your account(s), you must delete your banking information.

SIGNATURE

Signature of Authorized Representative of Entity

□□ — □□ — □□□□

Date (mm-dd-yyyy)

I will retain a copy of this Account Application for an Entity Account, the Plan Description and the Participation Agreement (contained in the Plan Description) with my records.



Documentary Evidence Requirements for Opening New Entity Accounts

To help the government fight the funding of terrorism and money laundering activities, the following documentary evidence must be provided along with this **Account Application for an Entity Application**. These documents are required to open an Account and to establish the identity of the entity Account Participant.

| | |
|--|---|
| Corporation | <ul style="list-style-type: none"> • Certified Articles of Incorporation or a government issued business license |
| Trust | <ul style="list-style-type: none"> • Copy of the first and last pages of the Trust Instrument or the Certificate of Incumbency |
| Partnership | <ul style="list-style-type: none"> • Copy of the Partnership Agreement |
| Limited Liability Corporation (LLC) | <ul style="list-style-type: none"> • Copy of the LLC Agreement |
| Estate | <ul style="list-style-type: none"> • Certified copy of the court order establishing the estate |
| Non-Profit Organization under IRC Section 501 (c) (3) | <ul style="list-style-type: none"> • Copy of the letter or memorandum from the Internal Revenue Service indicating that the entity is an organization described under IRC Section 501(c)(3). |
| <p>You may also be required to provide additional substantiation to open and transact business for this Account. Refer to the ScholarShare College Savings Plan Description and Participation Agreement (<i>contained in the Plan Description</i>) for additional information.</p> | |

List of Approved Documents for Substantiation by Entity Account Participants

An entity Account Participant must provide substantiation when opening an Account or conducting a transaction for that Account. Such documentation must include the following and the same document may substantiate all three requirements.

1. the legal status of the entity;
2. authorization by the entity to open the Account or conduct the transaction; and
3. authorization by the entity for the signer of the form to open the Account or conduct the transaction.

The documents set forth below meet these substantiation requirements and must be original or certified documents, dated no more than 60 days prior to receipt by the Plan.

- A corporate by-law extract or corporate resolution certified by an officer of the corporation (other than an individual authorized thereby to act as signer for the corporation's Account), with raised seal if in use by the corporation;
- A certificate signed by the owner of a sole proprietorship;
- A certificate signed by a general partner of a partnership (other than an individual authorized by the certificate to act as signer for the partnership's Account);
- A certificate signed by an officer of a limited liability company, other company or association (other than an individual authorized by the certificate to act as signer for the Account of the limited liability company, other company or association);
- A certificate signed by the chief executive officer of a state or local government agency;
- A certified copy of a court order establishing an estate and naming a legal representative of the estate that is authorized to act as a signer of the Account of the estate;
- A certificate signed by the trustee of a trust, a court order, or a certified copy of the portion(s) of a trust instrument, that confirms the creation of the trust and the identity of the trustee, and provides authorization for the trustee to act as a signer for the Account of the trust;
- A letter or memorandum from the Internal Revenue Service indicating that the entity is an organization described in Section 501(c)(3) of the Internal Revenue Code;
- An original memorandum exhibiting the appropriate letterhead and containing the holographic signature of any one of the following: (a) the chief executive officer of a corporation or limited liability company; (b) the general partner of a partnership; (c) the owner of a sole proprietorship; or (d) the chief executive officer of a state or local government agency; or
- If the entity Account Participant is unable to provide substantiation in any of the foregoing forms, the entity Account Participant may propose an alternate form of substantiation to the Plan administrator's designee for consideration. The Plan administrator's designee must review the alternate form of substantiation for authenticity and completeness and must accept or reject it.
 - **If judged authentic and complete**, the Plan administrator's designee must act on the alternate form of substantiation within 30 business days of so determining.
 - **If judged inauthentic or incomplete**, the Plan administrator's designee must notify the Account Participant of the rejection of the alternate form of substantiation and set forth the reason for such determination in writing within 30 business days of so determining.