



- Forms can be downloaded from our website at **www.dccollegesavings.com**, or you can call us to order any form — or request assistance in completing this form — at **1.800.987.4859** any business day from 8 a.m. to 8 p.m. Eastern time.

Overnight mailing address:
DC College Savings Plan
95 Wells Ave, Suite 155
Newton, MA 02459-3204

* DC TRUSTEE CERT *

2. New Trustee Information

Important: Complete for all new trustees. Completing this section will add new trustees if a trust account is being established or new trustees are being added to an existing account. Unless removed in **Section 3**, all current trustees on record with the DC College Savings Plan will remain.

If you are appointing a corporation or other business entity as trustee, you must attach a DC College Savings Plan Organization Resolution Form dated within the last 60 days. If you need more space to list additional new trustees, photocopy this page.

Trustee Name

Name of Individual (first, middle initial, last) **or Organization**

Social Security Number or Other Taxpayer ID Number

Daytime Telephone Number

☐ Check this box if you want to receive duplicate statements.

Street Address

City

State

Zip

Trustee Name

Name of Individual (first, middle initial, last) **or Organization**

Social Security Number or Other Taxpayer ID Number

Daytime Telephone Number

☐ Check this box if you want to receive duplicate statements.

Street Address

City

State

Zip

A.

[illegible]

Reason for Departure

Attach a certified copy of the court order of guardianship or conservatorship of the trustee.

Attach a certified copy of the death certificate.

Choose one of the following options:

- B.**

[illegible]

Reason for Departure

Attach a certified copy of the court order of guardianship or conservatorship of the trustee.

Attach a certified copy of the death certificate.

Choose one of the following options:

- Attach a signed letter of resignation.
- Provide a certified board resolution, Certificate of Appointment and Incumbency, or other documentary evidence of the removal of the trustee.

4. Certification of All Trustees

All trustees (continuing and new) of the trust certify by signing below that:

- The trust is valid and in full force and effect as of the date of this certification; the trustees have full authority under the trust document and applicable law to enter into investment portfolio transactions on behalf of the trust, including the purchase, sale, exchange, transfer, and redemption of 529 assets; and the trustees may issue general instructions as well as execute and deliver documents on behalf of the trust.
- The trustees listed and signing this form are all currently serving or are new trustees.

Number of trustee signatures required to take any written action on behalf of the trust. If a specific number is not provided, the signature of any one trustee will be accepted for written transactions. Telephone requests may be made by any single trustee.

The trustees acknowledge that the DC College Savings Plan has not reviewed the trust document and understand that DC College Savings Plan is relying on the statements made in this certification.

The trustees agree to inform DC College Savings Plan of any amendment of the trust that would impact the information in this certification.

The current and new trustees of the trust named in **Section 1** hereby declare that all statements made in this certification are true and correct to the best of each trustee's knowledge, that all actions taken and instructions given by any of the trustees are within such trustee's authority under the trust document and applicable law, and agree that this certification is binding upon the trust, its beneficiaries, and all future trustees. Each trustee named below agrees, on behalf of the trust, to indemnify and hold the DC College Savings Plan; Ascensus Investment Advisors, LLC, and its affiliates, directors, officers, agents and employees; DC and any governmental agency; The Vanguard Group, Inc., Vanguard Marketing Corporation, and their respective affiliates, officers, agents, or employees; each of the investment company members of The Vanguard Group and their respective officers, employees, and agents; and any third party, harmless from and against all losses, claims, and expenses (including attorney's fees) of any kind incurred by DC College Savings Plan for relying in good faith upon this certification.

All continuing and new trustees must sign, date, and have their signatures notarized. There are two trustee signature sections that follow. If additional signatures are required, provide them on a photocopy of this page.

[illegible]

Name of Trustee (first, middle initial, last)

►

Signature of Trustee

$$\square\square - \square\square - \square\square\square\square$$

Date (month, day, year)

Notarization/Affidavit of Trustee

(Your signature must be notarized. We can not accept a signature guarantee in place of a notary's seal.)

STATE OF _____)

) SS.:

COUNTY OF _____) (if applicable)

This document was acknowledged before me on _____ (date) by _____ (name of trustee).

►

Signature of Notary Public

$$\boxed{}\boxed{} - \boxed{}\boxed{} - \boxed{}\boxed{}\boxed{}\boxed{}$$

Date (month, day, year)

[illegible]

Notary Public's Name (first, middle initial, last)

My commission expires:

$$\boxed{}\boxed{} - \boxed{}\boxed{} - \boxed{}\boxed{}\boxed{}\boxed{}$$

Date (month, day, year)

Notary to Place Seal Here

Name of Trustee (first, middle initial, last)

$$\boxed{}\boxed{} - \boxed{}\boxed{} - \boxed{}\boxed{}\boxed{}\boxed{}$$

Date (month, day, year)

(Your signature must be notarized. We can not accept a signature guarantee in place of a notary's seal.)

STATE OF _____)

) SS.:

COUNTY OF _____) (if applicable)

This document was acknowledged before me on _____ (date) by _____ (name of trustee).

Signature of Notary Public

$$\boxed{}\boxed{} - \boxed{}\boxed{} - \boxed{}\boxed{}\boxed{}\boxed{}$$

Date (month, day, year)

[illegible]

Notary Public's Name (first, middle initial, last)

My commission expires:

$$\boxed{}\boxed{} - \boxed{}\boxed{} - \boxed{}\boxed{}\boxed{}\boxed{}$$

Date (month, day, year)

Notary to Place Seal Here

If you are setting up a new trust account:

- **Attach this form** to the Enrollment Application when selecting a trust registration.
- **Include copies of the first and last pages of the trust agreement** that contain the name and date of the trust, as well as the names and signatures of the trustees.

- **Incapacitated.** Attach a certified copy of the court order of guardianship or conservatorship of the trustee.
- **Deceased.** Attach a certified copy of the death certificate. If the deceased trustee's Social Security number is the tax ID number for the trust account, you must also update the trust tax id.
- **Resigning or being removed.** Attach a signed letter of resignation, a certified board resolution, Certificate of Appointment and Incumbency, or other documentary evidence of the removal of the trustee.
- **A corporation or other business entity.** Attach a DC College Savings Plan Organization Resolution Form dated within the last 60 days.

Allow two weeks for this Trustee Certification to be processed and for the trustees to receive confirmation of this request by mail.