

# HI529 — Hawaii’s College Savings Program Organization Resolution Form



- Complete a separate form for each HI529 Account Owner for whom the organization serves as agent.
- This form identifies the officers or other persons who are authorized to act on HI529 account(s) on behalf of an organization appointed as agent for an Account Owner pursuant to a Limited Power of Attorney/Agent Authorization Form.
- Organizations covered by this form include: corporations; partnerships; limited liability companies or partnerships; professional corporations or associations; 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 act on behalf of the organization. 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- This resolution remains in effect until HI529 has been notified by you that it has been revoked or a new Organization Resolution Form has been submitted.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 person(s) authorized to act on behalf of your organization.
- Print clearly, preferably in capital letters and black ink.

Forms can be downloaded from our website at [www.hi529.com](http://www.hi529.com), or you can call us to order any form at **1.866.529.3343** any business day from 8:00 a.m. to 5:00 p.m. (Hawaii Standard Time).

Return this form and any other required documents in the enclosed postage-paid envelope, or mail to:

**HI529 — Hawaii’s College Savings Program  
P.O. Box 219779  
Kansas City, MO 64121-9779**

For overnight delivery or registered mail, send to:

**HI529 — Hawaii’s College Savings Program  
1001 E 101st Terrace, Suite 200  
Kansas City, MO 64131**

## 1. Organization Information

Name of Organization

Mailing Address

City

State

Zip

Tax ID Number



\* H I O R G R E S \*

## 2. Agent for Account Owner

### A. Account Owner Information—Do not include agent information here; provide as indicated in Section 2B.

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Name (first, middle initial, last)

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Mailing Address

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City

State

Zip

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Social Security Number or Taxpayer Identification Number

### B. Agent’s Authorized Person(s)

To be eligible to serve as agent for a HI529 Account Owner, the organization must have been appointed to serve under a Power of Attorney Form or a Limited Power of Attorney/Agent Authorization Form that has been or is being completed and submitted by the Account Owner.

In the space below, please provide information on the person(s) authorized to act on behalf of the organization as agent for the Account Owner. If the organization has more authorized persons than can be completed in the space below, please attach a separate sheet that provides the name and title of each authorized person.

#### Name(s) of Agents Authorized Persons

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1. Name of Authorized Person (first, m.i., last) and Title

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2. Name of Authorized Person (first, m.i., last) and Title

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3. Name of Authorized Person (first, m.i., last) and Title

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4. Name of Authorized Person (first, m.i., last) and Title

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5. Name of Authorized Person (first, m.i., last) and Title

**C. Certification and Indemnification** — *Two authorized signatories or an authorized signatory and an eligible third party must sign.*

The undersigned authorized signatories of the organization identified in **Section 1** hereby certify that each of the authorized signatories listed in this section is authorized to act on behalf of the organization to the extent of the authority granted to the organization named in the Power of Attorney Form or the Limited Power of Attorney/Agent Authorization Form previously submitted or attached to this form, with respect to the Account Owner identified in **Section 2A**.

The organization acknowledges that:

- The authorized person(s) identified in **Section 2B** are authorized to act only with respect to the HI529 account(s) designated by the Account Owner for which the organization has been authorized as an agent. The organization further acknowledges that it must file a separate Organization Resolution Form for each additional HI529 Account Owner for whom the organization serves as an agent.
- The organization is solely responsible for promptly informing HI529 of any changes in the authority or identity of the authorized person(s) listed in **Section 2B**.

The organization agrees to indemnify and hold HI529, the State of Hawaii Director of Finance, The Vanguard Group, Inc., Ascensus College Savings Recordkeeping Services, LLC., and their respective affiliates, officials, officers, employees, and agents, and any third party acting hereunder in connection with HI529 harmless from and against all losses, claims, and expenses (including attorney's fees) of any kind incurred by any of them for relying in good faith upon information provided in this Organization Resolution Form and for acting on instructions believed by any of them to have originated from any authorized person identified in **Section 2B**. This resolution remains in full force and effect until revoked in writing by an authorized signatory of the organization. Each Organization Resolution Form submitted revokes the Organization Resolution Form previously submitted to HI529 in its entirety. Any revocation will not affect any liability resulting from transactions initiated before the HI529 or its agents have had a reasonable amount of time to act upon the revocation.

The undersigned are authorized to certify this information on behalf of the organization and confirm that these provisions conform to the charter or other governing document of our organization.

➤  ----

Signature of Authorized Signatory Date (mm/dd/yyyy)

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

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Signature of Authorized Signatory Date (mm/dd/yyyy)

Name of Authorized Signatory (first, m.i., last) and Title

**Third Party Certification—Required if your organization has only one authorized signatory**

I certify that the person who signed above is the duly authorized signatory of the organization identified in Section 1.

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Signature of Bank Officer, Practicing Attorney, or Member of a Domestic Stock Exchange Date (mm/dd/yyyy)

Name of Bank Officer, Practicing Attorney, or Member of a Domestic Stock Exchange (first, m.i., last) and Title

Print name of bank or firm

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