



College Savings Iowa® Organization Resolution Form

- Complete a separate form for each participant for whom the organization serves as an agent.
- This form identifies the officers or other persons who are authorized to conduct transactions for College Savings Iowa 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 College Savings Iowa 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- This resolution remains in effect until College Savings Iowa has been notified that it has been revoked or a new Organization Resolution Form has been submitted.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.
- Print clearly, preferably in capital letters and black ink.

Forms can be downloaded from our website at www.collegesavingsiowa.com. Or you can call us toll-free to order any form—or get assistance in filling out this one—at **888-672-9116** on business days from 8 a.m. to 9 p.m., Eastern time. Return this form in the enclosed postage-paid envelope, or mail to: **Michael L. Fitzgerald, Treasurer of State, College Savings Iowa, P.O. Box 219219, Kansas City, MO 64121-9219**. For overnight delivery or registered mail, send to: **Michael L. Fitzgerald, Treasurer of State, College Savings Iowa, 920 Main Street, Suite 900, Kansas City, MO 64105-2017**.

1. Participant Information

Last Four Digits of Social Security Number,
Individual Taxpayer ID Number, or EIN

Account Number *(To list more than three accounts, use a
separate sheet.)*

Name of Participant *(first, middle initial, last)*

 - -

Daytime Telephone Number

 - -

Evening Telephone Number

2. Organization Information

Name of Organization

Street Address

City

State

Zip

Taxpayer ID Number or EIN



3. Agent's Authorized Person(s)

- Any one of the persons listed in this **Section 3** is authorized to act on behalf of the organization, pursuant to the organization's authority as an agent in accordance with a Power of Attorney or Agent Authorization/Limited Power of Attorney filed with College Savings Iowa previously or at the same time as this form, with respect to the participant identified in **Section 1**.
- The organization acknowledges that the persons identified in this **Section 3** are authorized to act only with respect to the specified College Savings Iowa accounts owned by the participant identified in **Section 1** on which the organization has been authorized as an agent. The organization further acknowledges that it must file separate Organization Resolution Forms for each additional participant for whom the organization serves as an agent.
- The organization acknowledges that the organization is solely responsible for informing College Savings Iowa of any changes in the authority or identity of the persons listed in this **Section 3**, and that College Savings Iowa is not responsible for any acts or omissions taken in regard to any instructions believed by it to have originated from any person identified in this **Section 3** until College Savings Iowa has received written notice of the revocation of such person's authority and has had a reasonable period of time to act upon such notice.
- 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 Agent's Authorized Persons

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

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

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

4. Certification and Indemnification—Two authorized signatories must sign below.

We, the duly authorized signatories of the organization identified in **Section 2**, hereby certify the following:

That each of the authorized persons listed in **Section 3** is authorized to act on behalf of the organization to the extent of the authority granted to the organization in a Power of Attorney or Agent Authorization/Limited Power of Attorney filed with College Savings Iowa for the participant identified in **Section 1**.

The organization agrees to indemnify and hold harmless College Savings Iowa, The Vanguard Group, Inc., Ascensus Investment Advisors, LLC, and their respective affiliates, officers, agents, or employees, 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 resolution and for acting on instructions believed by any of them to have originated from any authorized person identified in **Section 3**. This resolution remains in full force and effect until revoked by an authorized signatory of the organization by sending such revocation, in writing, to the above address on page 1 of this form. Each Organization Resolution Form filed with College Savings Iowa revokes an Organization Resolution Form for an organization previously filed with College Savings Iowa or its agents in its entirety. Any revocation will not affect any liability resulting from transactions initiated before College Savings Iowa has had a reasonable amount of time to act upon the revocation.

Signature—YOU MUST SIGN BELOW

We are authorized and directed to certify the above and confirm that these provisions conform to the charter or other organizing document of our organization.

➤

Signature of Authorized Signatory (*first, middle initial, last*)

/ /

Date (*month, day, year*)

➤

Signature of Authorized Signatory (*first, middle initial, last*)

/ /

Date (*month, day, year*)

Third-party Certification

If the organization has only one authorized signatory, a bank officer, practicing attorney, or member of a domestic stock exchange must complete the following information.

I certify that the person identified in **Section 3** is the duly authorized signatory of the organization identified in **Section 2**.

Name of Bank Officer, Practicing Attorney, or Member of a Domestic Stock Exchange (*first, middle initial, last*) and Title



Signature of Bank Officer, Practicing Attorney, or Member of a Domestic Stock Exchange

 / /

Date (*month, day, year*)

Print name of bank or firm

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