

College Savings Iowa[®]

Trustee Certification

- Use this form to identify trustees when a trust account is established with the College Savings Iowa 529 Plan, when the identity and/or number of trustees has changed, or when the trustees aren't identified in the registration of the College Savings Iowa 529 Plan account(s) identified in **Section 1** below. All continuing and new trustees must sign in **Section 4** and have their signatures notarized.
- If you open a new trust account, you must also complete an Enrollment Application and attach a copy of the pages of the trust that show the name of the trust, the trust date, and a listing of all trustees and their signatures.
- For assistance in determining the conditions of your trust or the trust's authority, consult legal counsel. College Savings Iowa won't review or interpret trust documents.
- Print clearly, preferably in capital letters and black ink.

Forms can be completed online or downloaded from our website at www.collegesavingsiowa.com. You can also 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. Trust Information

Account Numbers

To list more than three accounts, use a separate sheet.

Account Number

Account Number

Account Number

Name of Trust *(Provide the full, legal name of the trust.)*

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Social Security Number or Other Taxpayer ID Number

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Date of Trust Agreement *(month, day, year)*



* I O W A T R U S T E E C E R T *

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 College Savings Iowa 529 Plan will remain.

If you are appointing a corporation or other business entity as trustee, you must attach a College Savings Iowa 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**

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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

3. Departing Trustee Information *(if applicable)*

A.

Trustee Name *(first, middle initial, last)*

Reason for Departure

Incapacity.

Attach a physician's certification of incapacity on physician's letterhead dated within the last 30 days, or a certified copy of the court order of guardianship or conservatorship of the trustee.

Death.

Attach a certified copy of his or her death certificate.

Resignation/Removal.

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.

B.

Trustee Name *(first, middle initial, last)*

Reason for Departure

Incapacity.

Attach a physician's certification of incapacity on physician's letterhead dated within the last 30 days, or a certified copy of the court order of guardianship or conservatorship of the trustee.

Death.

Attach a certified copy of his or her death certificate.

Resignation/Removal.

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 isn't 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 College Savings Iowa 529 Plan hasn't reviewed the trust document and understand that College Savings Iowa is relying on the statements made in this certification.

The trustees agree to inform College Savings Iowa 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 College Savings Iowa 529 Plan; Ascensus Investment Advisors, LLC, and its affiliates, directors, officers, agents and employees; The State of Iowa 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 College Savings Iowa 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.

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

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Signature of Trustee

/ /

Date *(month, day, year)*

Notarization/Affidavit of Trustee

(Your signature must be notarized. We can't 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 account owner).

➤

Signature of Notary Public

/ /

Date *(month, day, year)*

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

My commission expires:

/ /

Date *(month, day, year)*

Notary to Place Seal Here

