### ISave 529™

# **Trustee Certification**



- Use this form to identify trustees when a trust account is established with the ISave 529 plan, when the identity and/or number of trustees
  has changed, or when the trustees aren't identified in the registration of the ISave 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 Form** 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. ISave 529 won't review or interpret
  trust documents.
- · Print clearly, preferably in capital letters and black ink..

Forms can be downloaded from our website at **ISave529.com**, or you can call us to order any form—or request assistance in completing this form—at **888-672-9116** on business days from 7 a.m. - 8 p.m. Central Time.

Return this form to:

ISave 529 P.O. Box 219219

Kansas City, MO 64121-9219

For overnight delivery or registered mail, send to:

ISave 529 1001 E 101st Terrace, Suite 200 Kansas City, MO 64131

## 1. Trust Information

### Account Numbers

To list more than three accounts, use a separate sheet.	
Account Number (Required)	
Account Number	
Account Number	
Full Legal Name of Trust (first, middle initial, last) (Required)	
Social Security Number or Other Taxpayer ID Number (Required)	Date of Trust Agreement Imouth day year

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## 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 ISave 529 plan will remain.

If you are appointing a corporation or other business entity as trustee, you must attach an ISave 529 Organization Resolution Form dated within the last 60 days. If you need more space to list additional new trustees, photocopy this page.

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.
<ul> <li>Provide a certified board resolution, Certificate of Appointment and Incumbency, or other documentary evidence of the removal of the trustee.</li> </ul>
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.
<ul> <li>Provide a certified board resolution, Certificate of Appointment and Incumbency, or other documentary evidence of the removal of the trustee.</li> </ul>

## 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 ISave 529 plan hasn't reviewed the trust document and understand that ISave 529 is relying on the statements made in this certification.

The trustees agree to inform ISave 529 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 ISave 529 plan; Ascensus Investment Advisors, LLC, and its affiliates, directors, officers, agents and employees; The State of lowa and any governmental agency; The Vanguard Group, Inc., and their respective affiliates, officers, agents; and any third party, harmless from and against all losses, claims, and expenses (including attorney's fees) of any kind incurred by ISave 529 for relying in good faith upon this certification.

Signature of Trustee						
Signature of Trustee				vate (mm-	ии-уууу)	
Notarization/A	fidavit of Trustee					
(Your signature mus	t be notarized. We can't ac	cept a signature gu	uarantee in place	of a notary's seal	.)	
STATE OF	)					
	) s	S.:				
COUNTY OF	)					
This document was (name of Account O	acknowledged before me o vner).	n	(date) by			
SIGNATURE						
Signature of Notary Pub	ic			Date (mm-	dd-yyyy)	
Name of Notary Public (i						
My commission exp	res:			Notai	ry to Place Seal Here	
					-	

Name of Trustee (first, middle initial, last)	
SIGNATURE	
Signature of Trustee	Date (mm-dd-yyyy)
Notarization/Affidavit of Trustee	
(Your signature must be notarized. We can't accept a signature guarantee in place	ce of a notary's seal.)
STATE OF)	
) ss.:	
COUNTY OF)	
SIGNATURE Signature of Notary Public	Date (mm-dd-yyyy)
Name of Notary Public (first, middle initial, last)	
My commission expires:	Notary to Place Seal Here
Date (mm-dd-yyyy)	

#### **Reminders**

#### If you're setting up a new trust account:

- Attach this form to the Enrollment Form 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.

#### If a trustee is:

- **Incapacitated.** 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.
- Deceased. Attach a certified copy of his or her death certificate. If the deceased trustee's Social Security number was the tax ID number for the trust account, you must also complete our Account Information Change Form.
- **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 an ISave 529 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.