

Idéal – Idaho College Savings Program

Trustee Certification Form



- Use this form to identify trustees when a trust Account is established with IDeal, when the identity and/or number of trustees has changed, or when the trustees are not identified in the registration of the IDeal 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. IDeal will not provide legal advice on your trust.
- Print clearly, preferably in capital letters and black ink.

Forms can be downloaded from our website at **www.idsaves.org**, or you can call us to order any form — or request assistance in completing this form — at **1.866.433.2533** any business day from 6 a.m. to 6 p.m., Mountain Time.



1.866.433.2533

Monday to Friday 6 a.m. - 6 p.m. MT



www.idsaves.org

Regular mailing address:

IDeal – Idaho College Savings Program
P.O. Box 219944
Kansas City, MO 64121

Overnight mailing address:

IDeal – Idaho College Savings Program
1001 E 101st Terrace, Suite 200
Kansas City, MO 64131

1. Trust Information

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

Account Number

[illegible]

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

□ □ □ − □ □ − □ □ □ □

Trust Tax ID Number

$$\begin{array}{|c|c|} \hline \\ \hline \end{array} - \begin{array}{|c|c|} \hline \\ \hline \end{array} - \begin{array}{|c|c|c|c|} \hline \\ \hline \end{array}$$

Date of Trust Agreement (mm/dd/yyyy)



* I D 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 IDeal will remain.

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

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.

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

The trustees agree to inform IDEal 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, individually and on behalf of the trust, to indemnify and hold Idaho College Savings Program; Ascensus Broker Dealer Services, LLC, and its affiliates, directors, officers, agents and employees; Idaho and any governmental agency; The Vanguard Group, Inc. and its affiliates, officers, agents, or employees; each of the investment company members of The Vanguard Group and their respective officers, employees, and agents; any Plan Official; and any third party, harmless from and against all losses, claims, and expenses (*including attorney's fees*) of any kind incurred by the Idaho College Savings Program 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*)

➤ **SIGNATURE**

Signature of Trustee

Date (*mm/dd/yyyy*)

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**

Signature of Notary Public

Date (*mm/dd/yyyy*)

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

My commission expires:

Date (*mm/dd/yyyy*)

Notary to Place Seal Here

Name of Trustee (first, middle initial, last)

Signature of Trustee

Date (mm/dd/yyyy)

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

) ss.:

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

Signature of Notary Public

Date (mm/dd/yyyy)Notary Public's Name (first, middle initial, last)

Date (mm/dd/yyyy)

Notary to Place Seal Here

If you are 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.

- **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.