

# CollegeChoice Advisor 529 Savings Plan Organization Resolution Form



- Complete a separate form for each Account Owner for whom the organization serves as an agent.
- This form identifies the officers or other persons who are authorized to conduct transactions on CollegeChoice Advisor 529 Savings Plan (CollegeChoice Advisor) 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 CollegeChoice Advisor 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- This resolution remains in effect until we have been notified in writing that it has been revoked or a new **Organization Resolution Form** has been submitted.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.
- Type in your information and print out the completed form, or print clearly, preferably in capital letters and black ink. Mail the form to the address below. Do not staple.

Forms can be downloaded from our website at [www.collegechoiceadvisor529.com](http://www.collegechoiceadvisor529.com), or you can call us to order any form — or request assistance in completing this form — at **1.866.485.9413** any business day from 8 a.m. to 8 p.m. Eastern time.

Return this form and any other required documents to: <b>CollegeChoice Advisor 529 Savings Plan P.O. Box 219354 Kansas City, MO 64121</b>	For overnight delivery or registered mail, send to: <b>CollegeChoice Advisor 529 Savings Plan 1001 E 101st Terrace, Suite 200 Kansas City, MO 64131</b>
------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------

## 1. Organization information

Name of Organization

Address

City

State

Zip Code

Firm Tax ID Number





[PAGE LEFT BLANK INTENTIONALLY]