## 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- This resolution remains in effect until we have been notified in writing that it has been revoked or a new **Organization Resolution Form** has been submitted.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**, 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:

CollegeChoice Advisor 529 Savings Plan P.O. Box 219354 Kansas City, MO 64121 For overnight delivery or registered mail, send to:

CollegeChoice Advisor 529 Savings Plan 1001 E 101st Terrace, Suite 200 Kansas City, MO 64131

1.	Organization	information
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Name of Organization													
Address													
City						State	Zip	Code		] –	-		
Firm Tax ID Number													

**2.** Agent for CollegeChoice Advisor Account Owner (Complete only if only if the organization is acting as agent for the CollegeChoice Advisor Account Owner.)

A. Account Owner information (Do not include agent information here; provide as indicated in Section 2B.)

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We, ———	and	(nam	es), the duly authorize	ed ——and
	(titles), res	pectively, of the organization	identified in <b>Section</b>	1, hereby certify the following:
authority granted		nt Authorization/ Limited I		ganization to the extent of the <b>Form</b> filed for the CollegeChoice
as defined in the their respective a any kind incurred believed by any of force and effect Ascensus Broker Services, Inc. in i	CollegeChoice Advisor 529 Saffiliates, agents, and employ by any of them for relying in of them to have originated frountil revoked by an authorize Dealer Services, Inc. revokes	Savings Plan Disclosure State yees from and against all loss a good faith upon information om any authorized person ide d signatory of the organization an Organization Resolutivill not affect any liability res	ment), Ascensus Brokeses, claims, and expended, provided in this resolutified in <b>Section 2B</b> on. Each <b>Organizatio</b> on <b>Form</b> previously file	Advisor, the Plan Officials (each er Dealer Services, Inc., and any cases (including attorney's fees) of ution and for acting on instruction. This resolution remains in full <b>n Resolution Form</b> filed with led with Ascensus Broker Dealer ns initiated before CollegeChoice
		above and confirm that these	e provisions conform t	to the charter or other organizing
document of our	organization.			
Signature — YO	U MUST SIGN BELOV	V		
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certify that I have r	ead and understand, consent	t, and agree to all the terms a	and conditions of the i	Disclosure Statement.
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SIGNATURE Name of Authorized Sign	atory		Date (mr	] — [ ] — [ ] [ m/dd/ww/)
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CollegeChoice Advisor
529 SAVINGS PLAN

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