Indiana529 Advisor Savings Plan

Indiana*529*

Advisor Savings Plan

Trustee Certification

- Use this form to identify trustees when a trust Account is established with the Indiana529 Advisor Savings Plan (Indiana529 Advisor), when the identity and/or number of trustees has changed, or when the trustees aren't identified in the registration of the 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, please consult your attorney. Indiana529 Advisor will
 not provide legal advice with regard to your trust.
- 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.

Terms used in this form not otherwise defined have the same meaning as those terms in the Indiana529 Advisor Disclosure Booklet (Disclosure Booklet). Forms can be downloaded from our website at **www.indiana529advisor.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. E.T.

Return this form and any other required documents to:

Indiana529 Advisor Savings Plan P.O. Box 219354 Kansas City, MO 64121 For overnight delivery or registered mail, send to:

Indiana529 Advisor Savings Plan 1001 E 101st Terrace, Suite 200 Kansas City, MO 64131

| 1. | Trust Information | |
|----|---|---|
| | Account Number | |
| | Name of Trust (Provide the full, legal name of the trust.) | _ |
| | Trust Tax ID Number Date of Trust Agreement (month, day, year) | |

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 Indiana529 Advisor will remain.

If you are appointing a corporation or other business entity as trustee, you must attach an Organization Resolution Form dated within the last 60 days. If you need more space to list additional new trustees, please make a copy of 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 | |

| Dej | parting Trustee Information (if applicable) |
|------------------|---|
| A. | |
| Trust | ee Name (first, middle initial, last) |
| Rea | son for Departure |
| | Incapacity. Attach a certified copy of the court order of guardianship or conservatorship of the trustee. |
| | Death. Attach a certified copy of the death certificate. |
| | Resignation/Removal. |
| | Choose one of the following options: Attach a signed letter of resignation. Provide a certified board resolution, certificate of incumbency, or other documentary evidence of the removal of the trustee. |
| B. Trusto | ee Name (first, middle initial, last) |
| Rea | son for Departure |
| | Incapacity. Attach a certified copy of the court order of guardianship or conservatorship of the trustee. |
| | Death. Attach a certified copy of the death certificate. |
| | Resignation/Removal. |
| | Choose one of the following options: |
| | Attach a signed letter of resignation. |

• Provide a certified board resolution, certificate of incumbency, or other documentary evidence of the removal of the trustee.

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 i transfer, and redemption of Account as documents on behalf of the trust. | | | including the purchase, sale, exchange, tions as well as execute and deliver |
|---|--|--|--|
| The trustees listed and signing this form | n are all currently servin | g or are new trustees. | |
| | | | alf of the trust. If a specific number isn't ons and transaction requests may be made by |
| The trustees acknowledge that Indiana529 relying on the statements made in this cer | | d the trust document an | d understand that Indiana529 Advisor is |
| The trustees agree to inform Indiana529 A | dvisor of any amendmer | nt of the trust that would | d impact the information in this certification. |
| correct to the best of each trustee's knowl such trustee's authority under the trust doo | edge, that all actions tak cument and applicable la n trustee named below a ninst all losses, claims, a | ken and instructions give aw, and agree that this o grees, on behalf of the and expenses (including | certification is binding upon the trust, its trust, to indemnify and hold the Plan Officials |
| All continuing and new trustees must sigr follow. If additional signatures are require | | | re are two trustee signature sections that |
| Name of Trustee (first, middle initial, last) | | | |
| | | | |
| 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.: | | |
| | _) (if applicable) | | |
| This document was acknowledged before m | e on | (date) by | (name of trustee). |
| 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 |
| | | | |

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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 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 number.
- Resigning or being removed. Attach a signed letter of resignation, a certified board resolution, certificate of incumbency, or other
 documentary evidence of the removal of the trustee.
- A corporation or other business entity. Attach an 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.