

Advisor Savings Plan

- 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.

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

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

A.

□ □

Reason for Departure



Attach a certified copy of the court order of guardianship or conservatorship of the trustee.

Attach a certified copy of the death certificate.

Choose one of the following options:

- B.**

□ □

Reason for Departure

Attach a certified copy of the court order of guardianship or conservatorship of the trustee.

Attach a certified copy of the death certificate.

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.

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 financial transactions on behalf of the trust, including the purchase, sale, exchange, transfer, and redemption of Account 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 and transaction requests may be made by any single trustee.

The trustees acknowledge that Indiana529 Advisor hasn't reviewed the trust document and understand that Indiana529 Advisor is relying on the statements made in this certification.

The trustees agree to inform Indiana529 Advisor 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 Plan Officials and any third party, harmless from and against all losses, claims, and expenses (including attorney's fees) of any kind incurred by Indiana529 Advisor 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 copy of this page.

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.:

COUNTY OF _____ (if applicable)

This document was acknowledged before me 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

Name of Trustee (first, middle initial, last)

Signature of Trustee

Date (month, day, year)

(Your signature must be notarized. We can't 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 (month, day, year)

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

Date (month, day, year)

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