

CollegeChoice 529 Direct 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 529 Direct Savings Plan (CollegeChoice 529) 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 529 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- This resolution remains in effect until we have been notified in writing that it has been revoked or a new **Organization Resolution Form** has been submitted.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.collegechoicedirect.com, or you can call us to order any form — or request assistance in completing this form — at **1.866.485.9415** any business day from 8 a.m. to 8 p.m. Eastern time.

Return this form and any other required documents to: CollegeChoice 529 Direct Savings Plan P.O. Box 219418 Kansas City, MO 64121	For overnight delivery or registered mail, send to: CollegeChoice 529 Direct Savings Plan 920 Main Street, Suite 900 Kansas City, MO 64105
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1. Organization information

Name of Organization

Address

City

State

Zip Code

Firm Tax ID Number



2. Agent for CollegeChoice 529 Account Owner (Complete only if only if the organization is acting as agent for the CollegeChoice 529 Account Owner.)

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

Name (first, middle initial, last)

Mailing Address

City

State

Zip Code

Social Security Number or Taxpayer Identification Number **(Required)**

B. Agent's authorized persons

- Any one of the persons listed in this **Section 2B** is authorized to act on behalf of the organization, pursuant to the organization's authority as an agent in accordance with an **Agent Authorization/ Limited Power of Attorney Form** filed with CollegeChoice 529 previously or at the same time as this form, with respect to the Account Owner identified in **Section 2A**.
- The organization acknowledges that the persons identified in this **Section 2B** are authorized to act only with respect to the specified CollegeChoice 529 Accounts owned by the Account Owner identified in **Section 2A** on which the organization has been authorized as an agent. The organization further acknowledges that it must file separate Organization Resolutions for each additional Account Owner for whom the organization serves as an agent.
- The organization acknowledges that it is solely responsible for informing CollegeChoice 529 of any changes in the authority or identity of the persons listed in this **Section 2B**, and that CollegeChoice 529 is not responsible for any acts or omissions taken in regard to any instructions believed to have originated from any person identified in this **Section 2B** until CollegeChoice 529 has received written notice of the revocation of such person's authority and CollegeChoice 529 has had a reasonable period of time to act upon such notice.
- If the organization has more Authorized Persons than can be completed in the space below, please attach a separate sheet that provides the name and title of each Authorized Person.

Name(s) of Agent's Authorized Persons

Name of Authorized Person (first, middle initial, last) and Title

Name of Authorized Person (first, middle initial, last) and Title

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Name of Authorized Person (first, middle initial, last) and Title

C. Certification and Indemnification (Two authorized signatories must sign below if the organization is acting as an agent for another Account Owner.)

We, _____ and _____ (names), the duly authorized _____ and _____ (titles), respectively, of the organization identified in **Section 1**, hereby certify the following:

That each of the authorized persons listed in **Section 2B** is authorized to act on behalf of the organization to the extent of the authority granted the organization in an **Agent Authorization/ Limited Power of Attorney Form** filed with for the CollegeChoice 529 Account Owner identified in **Section 2A**.

The organization agrees to indemnify and hold harmless the Authority, the Trust, CollegeChoice 529, the Plan Officials (each as defined in the Disclosure Statement), Ascensus Broker Dealer Services, Inc., and any of their respective affiliates, agents, and employees from and against all losses, claims, and expenses (including attorney’s fees) of any kind incurred by any of them for relying in good faith upon information provided in this resolution and for acting on instructions believed by any of them to have originated from any authorized person identified in **Section 2B**. This resolution remains in full force and effect until revoked by an authorized signatory of the organization. Each **Organization Resolution Form** filed with Ascensus Broker Dealer Services, Inc. revokes an **Organization Resolution Form** previously filed with Ascensus Broker Dealer Services, Inc. in its entirety. Any revocation will not affect any liability resulting from transactions initiated before CollegeChoice 529 has had a reasonable amount of time to act upon the revocation.

We are authorized and directed to certify the above and confirm that these provisions conform to the charter or other organizing document of our organization.

3. Signature — YOU MUST SIGN BELOW

I certify that I have read and understand, consent, and agree to all the terms and conditions of the Disclosure Statement.

Name of Authorized Signatory

 – –

Date (mm/dd/yyyy)

Title

Name of Authorized Signatory

 – –

Date (mm/dd/yyyy)

Title

Third Party Certification — Required if your organization has only one authorized signatory

I certify that the person who signed above is the duly authorized signatory of the organization identified in **Section 1**.

Signature of Bank Officer, Practicing Attorney, or Member of a Domestic Stock Exchange

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Date (mm/dd/yyyy)

Name of Bank Officer, Practicing Attorney, or Member of a Domestic Stock Exchange (first, middle initial, last) and Title

Print name of bank or firm

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