Indiana529 Direct Savings Plan

Indiana529

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 Indiana529 Direct Savings Plan (Indiana529) 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 Indiana529 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- This resolution remains in effect until we have been notified in writing that it has been revoked or a new **Organization Resolution Form** has been submitted.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.indiana529direct.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. E.T.

Return this form and any other required documents to:

For overnight delivery or registered mail, send to:

Indiana529 Direct Savings Plan P.O. Box 219418 Kansas City, MO 64121 Indiana529 Direct Savings Plan 1001 E 101st Terrace, Suite 200 Kansas City, MO 64131

Organization information
Name of Organization
Address
City State Zip Code
Firm Tax ID Number



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

We, the undersigned, the duly authorized officers 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 Indiana529 for the Account Owner identified in **Section 2A**.

The organization agrees to indemnify and hold harmless the Authority, the Trust, Indiana529, the Plan Officials (each as defined in the Disclosure Booklet), Ascensus College Savings Recordkeeping Services, LLC, 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 Indiana529 revokes an **Organization Resolution**Form previously filed with Indiana529 in its entirety. Any revocation will not affect any liability resulting from transactions initiated before Indiana529 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 an	nd conditions of the Disclosure Booklet.
SIGNATURE	
Name of Authorized Signatory	Date (mm/dd/yyyy)
Title	
SIGNATURE	
Name of Authorized Signatory	Date (mm/dd/yyyy)
Title	
Third Party Certification — Required if your organization has only one a	
I certify that the person who signed above is the duly authorized signatory of the	ne organization identified in Section 1 .
SIGNATURE	
Signature of Bank Officer, Practicing Attorney, or Member of a Domestic Stock Exchange	Date (mm/dd/yyyy)
Name of Bank Officer, Practicing Attorney, or Member of a Domestic Stock Exchange <i>(first, midd.</i>	lle initial, last) and Title
Print name of bank or firm	



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