KY Saves 529

Organization Resolution Form



- Complete a separate form for each KY Saves 529 Account Owner for whom the
 organization serves as an agent pursuant to an **Agent Authorization/Power of Attorney Form** filed with KY Saves 529 previously or at the same time as this form
 ("Agent").
- This form identifies the officers or other persons who are authorized to conduct transactions on KY Saves 529 Account(s) on behalf of an organization.
- Organizations covered by this form include: corporations; limited liability companies; professional corporations or associations; endowments; business trusts; government entities; 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 KY Saves 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- This resolution remains in effect until we have been notified in writing that it has been revoked or a new **Organization Resolution Form** has been submitted.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 listed. Do not staple.

Forms can be downloaded from our website at **kysaves.com**, or you can call us to order any form — or request assistance in completing this form — at **1.855.840.4855**, Monday through Friday from 8 a.m. to 8 p.m. ET.

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Monday to Friday 8 a.m. - 8 p.m. ET

kysaves.com

clientservice@kysaves.com

FAX 1.617.559.8939

Regular mailing address:

KY Saves 529 P.O. Box 56014 Boston, MA 02205-6014

Overnight mailing address:

KY Saves 529 95 Wells Ave, Suite 155 Newton, MA 02459

1. Organization Information

Name of Organization												
Address												
City					State	Zip C	ode] –	-		
Firm Tax ID Number												



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

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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, the undersigned, the duly authorized officers of the organization identified in **Section 1**, hereby certify the following:

If the organization is an Agent for the Account Owner identified in **Section 2**, that each of the authorized persons listed in **Section 2B** is authorized by resolution of the board of directors or other governing body of the organization, or under the organization's charter or other organizing document, to act on behalf of the organization to the extent of the authority granted the organization in an **Agent Authorization/Power of Attorney Form** filed with for the KY Saves 529 Account Owner identified in **Section 2A**.

The organization agrees to indemnify and hold harmless Kentucky Educational Savings Plan Trust ("KY Saves 529"), the Commonwealth of Kentucky, Kentucky Higher Education Assistance Authority, Ascensus College Savings Recordkeeping Services, LLC and its affiliates, and any of their respective authorized 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 College Savings Recordkeeping Services, LLC revokes an **Organization Resolution Form** previously filed with KY Saves 529 in its entirety. Any revocation will not affect any liability resulting from transactions initiated before KY Saves 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.

Signature—YOU MUST SIGN BELOW

SIGNATURE	
Name of Authorized Signatory	Date (mm/dd/yyyy)
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SIGNATURE	
Name of Authorized Signatory	Date (mm/dd/yyyy)
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Third Party Certification — Required if your organization has only one I certify that the person who signed above is the duly authorized signatory of	
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 (first, m	iddle initial, last) and Title
Print name of bank or firm	