



# NEST Direct College 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 NEST Direct College Savings Plan (NEST Direct Plan) 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 NEST Direct Plan 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- This resolution remains in effect until we have been notified in writing that it has been revoked or a new **Organization Resolution Form** has been submitted.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.
- Print clearly, preferably in capital letters and black ink. Mail the form to the address listed. Do not staple.

**1.888.993.3746**  
8 a.m. to 8 p.m. Central time M-F

**www.NEST529Direct.com**

**clientservice@NEST529Direct.com**

Regular mailing address:  
**NEST Direct College Savings Plan  
P.O. Box 30276  
Omaha, NE 68103-1376**

Overnight mailing address:  
**NEST Direct College Savings Plan  
920 Main Street, Suite 900  
Kansas City, MO 64105**

Forms can be downloaded from our website at **www.NEST529Direct.com**, or you can call us to order any form — or request assistance in completing this form — at **1.888.993.3746** any business day from 8 a.m. to 8 p.m. Central time.

## 1. Organization information

Name of Organization

Address

City

State

Zip Code

Firm Tax ID Number



**2. Agent for the NEST Direct Plan Account Owner** (Complete only if the organization is acting as agent for the NEST Direct Plan Account Owner.)

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

[Grid of 32 boxes]
Name (first, middle initial, last)

[Grid of 32 boxes]
Mailing Address

[Grid of 20 boxes] [Grid of 2 boxes] [Grid of 5 boxes] - [Grid of 4 boxes]
City State Zip Code

[Grid of 9 boxes] - [Grid of 2 boxes] - [Grid of 4 boxes]
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 the NEST Direct Plan 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 NEST Direct Plan 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 the NEST Direct Plan of any changes in the authority or identity of the persons listed in this Section 2B, and that the NEST Direct Plan or its agents are 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 the NEST Direct Plan has received written notice of the revocation of such person's or receives a new Organization Resolution authority and the NEST Direct Plan has had a reasonable period of time to act upon such notice. Each Organization Resolution filed with the NEST Direct Plan revokes any Organization Resolution previously filed with the NEST Direct Plan in its entirety.
- If the organization has more Authorized Persons than can be completed in the space below, please include a separate sheet that provides the name and title of each Authorized Person.

**Name(s) of Agent's Authorized Persons**

[Grid of 40 boxes]
Name of Authorized Person (first, middle initial, last) and Title

[Grid of 40 boxes]
Name of Authorized Person (first, middle initial, last) and Title

[Grid of 40 boxes]
Name of Authorized Person (first, middle initial, last) and Title

[Grid of 40 boxes]
Name of Authorized Person (first, middle initial, last) and Title

[Grid of 40 boxes]
Name of Authorized Person (first, middle initial, last) and Title

DO NOT STAPLE

**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), 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 **Power of Attorney or Limited Power of Attorney Form** filed for the NEST Direct Plan Account Owner identified in **Section 2A**.

The organization agrees to indemnify and hold harmless the NEST Direct Plan, the Nebraska Educational Savings Plan Trust, the State of Nebraska, the Nebraska State Treasurer, the Nebraska Investment Council, the Program Manager and its authorized agents, and any of their respective affiliates, agents, and employees acting hereunder (any of such persons, individually, a "third party") 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 a third party 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 the NEST Direct Plan or its agents revokes an **Organization Resolution Form** previously filed with the NEST Direct Plan or its agents in its entirety. Any revocation will not affect any liability resulting from transactions initiated before the NEST Direct Plan 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 NEST Direct Plan Program Disclosure Statement and Participation Agreement (Program Disclosure Statement).

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 authorized signatory**

I certify that the person who signed above is the duly authorized signatory of the 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 (first, middle initial, last) and Title

Print name of bank or firm

Nebraska Educational Savings Plan Trust, Issuer. Nebraska State Treasurer, Trustee. Nebraska Investment Council, Investment Oversight. First National Bank of Omaha, Program Manager. First National Capital Markets, Inc. Distributor, Member FINRA, SIPC. First National Capital Markets and First National Bank of Omaha are affiliates.



Nebraska State Treasurer, Trustee



First National Bank Omaha Program Manager

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