Future Path

529 Plan 🔶

Future Path 529 Plan

Organization Resolution Form

- Complete a separate form for each Account Owner for whom the organization serves as an agent. This form should accompany an **Enrollment Application** if no Account is established.
- This form identifies the officers or other persons who are authorized to conduct transactions on the Future Path 529 Plan® ("the 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; estates; non-profits; state/local government scholarships; 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 an Future Path 529 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- This resolution remains in effect until we have been notified in writing that it has been revoked or a new **Organization Resolution Form** has been submitted.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.
- 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.

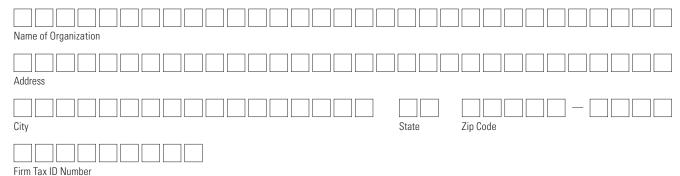
Forms can be downloaded from our website at **www.futurepath529.com**, or you can call us to order any form—or request assistance in completing this form—at **1.800.587.7305**, Monday–Friday 8 a.m. to 8 p.m. Eastern time.

Return this form and any other required documents to:

Future Path 529 Plan P.O. Box 55578 Boston, MA 02205-5578 For overnight delivery or registered mail, send to:

Future Path 529 Plan 95 Wells Avenue, Suite 155 Newton, MA 02459

Organization information





2. Agent for the Future Path 529 Plan Account Owner (Complete only if the organization is acting as agent for the Future Path 529 Plan 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	

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 a Durable Power of Attorney Form filed with the 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 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 Plan of any changes in the authority or identity of the persons listed in this **Section 2b**, and that the Plan 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 the Plan has received written notice of the revocation of such person's authority and the Plan 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 include a separate sheet that provides the name and title of each Authorized Person.

Name(s) of Agent's Authorized Persons

Name of Authorized Person (<i>first, middle initial, last</i>) and Title
Name of Authorized Person <i>(first, middle initial, last)</i> and Title
Name of Authorized Person <i>(first, middle initial, last)</i> and Title
Name of Authorized Person (first, middle initial, last) and Title
Name of Authorized Person <i>(first, middle initial, last</i>) 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 a **Durable Limited Power of Attorney Form** filed for the Future Path 529 Plan Account Owner identified in **Section 2a**.

The organization agrees to indemnify and hold harmless the Future Path 529 Plan, The State of Nevada, Ascensus College Savings Recordkeeping Services, LLC, the plan officials (as defined in the Future Path 529 Plan Description and Participation Agreement ("Plan Description")) and their respective 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 Ascensus College Savings Recordkeeping Services, LLC in its entirety. Any revocation will not affect any liability resulting from transactions initiated before the 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.

Signature — YOU MUST SIGN BELOW

I certify that I have read and understand, consent, and agree to all the terms and conditions of the Future Path 529 Plan Description and Participation Agreement.

SIGNATURE	
Name of Authorized Signatory	Date (mm/dd/yyyy)
]
Title	1
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	
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, midd	lle initial lastland Title
Print Name of Bank or Firm]



[PAGE LEFT BLANK INTENTIONALLY]