Oklahoma 529

Registered Investment Advisor Authorization

- Complete this form to designate or change Registered Investment Advisor(s) (RIA) on your Oklahoma 529 account (Account).
- This form will allow the officers or other persons you designate to receive quarterly account statements and call the plan to receive information about your Plan Account(s).
- 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.

To request assistance in completing this form call us at **1.877.654.7284**, Monday through Friday from 7 a.m. – 7 p.m. CT.

1.877.654.7284
Monday to Friday 7 a.m. – 7 p.m. CT

www.oklahoma529.com

Regular mailing address:
Oklahoma 529
P.O. Box 219249
Kansas City, MO 64121-9249

Overnight mailing address:
Oklahoma 529
1001 E 101st Terrace, Suite 200
Kansas City, MO 64131

1. Account Owner Information

Account Number(s) *(To list more than six Accounts, use a separate sheet.)*

Account Owner *(First name)* *(M.I.)*

Account Owner *(Last name)*

Telephone Number

OK RIAA

2. Registered Investment Advisor (RIA) Information

Only complete the information below if you want to add an RIA to your Account or replace the existing RIA on your Account.

Note: If your Advisor is a corporation or other entity, the entity must also complete **Sections 4** and **5**.

RIA *(First name)* *(M.I.)*

RIA *(Last name)*

Firm Name *(if applicable)*

IARD/Rep Number

Dealer Number

Branch Number

Mailing Address

City

State

Zip Code

Telephone Number

3. Authorization Level

I, the Account Owner listed in **Section 1**, appoint the RIA and their firm listed in **Section 2** to act on my behalf as indicated below.

Account Inquiry Access. Authorized to obtain information about my Account(s) and receive duplicate Account statements.

I ACKNOWLEDGE AND ACCEPT MY AUTHORITY TO OBTAIN INFORMATION ABOUT OKLAHOMA 529 ACCOUNT(S) AND RECEIVE DUPLICATE ACCOUNT STATEMENTS ON BEHALF OF THE ACCOUNT OWNER LISTED IN **SECTION 1** OF THIS FORM.

SIGNATURE

Signature of RIA

Date *(mm-dd-yyyy)*

4. Organization (Designate) Information

Please only fill out this section if multiple designates of an organization can act as RIA on this account.

Name of Organization

Address

City

State

Zip Code

Firm Tax ID Number

DO NOT STAPLE

5. Agent for the Oklahoma 529 Account Owner *(Complete only if the organization is acting as Agent for the Oklahoma 529 Account Owner.)*

A. Agent's authorized persons

- Any one of the persons listed in this **Section 5A** is authorized to act on behalf of the organization, pursuant to the organization's authority as an Agent with the Oklahoma 529 with respect to the Account Owner identified in **Section 1**.
- The organization acknowledges that the persons identified in this **Section 5A** are authorized to act only with respect to the specified Oklahoma 529 Account(s) owned by the Account Owner identified in **Section 1** on which the organization has been authorized as an Agent. The organization further acknowledges that it must file separate **Registered Investment Advisor Authorization Forms** for each additional Account Owner for whom the organization serves as an Agent.
- The organization acknowledges that it is solely responsible for informing Oklahoma 529 of any changes in the authority or identity of the persons listed in this **Section 5A**, and that Oklahoma 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 5A** until Oklahoma 529 has received written notice of the revocation of such person's authority and Oklahoma 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

Authorized Person *(First name)* *(M.I.)*

Authorized Person *(Last name)*

Authorized Person Title

Authorized Person *(First name)* *(M.I.)*

Authorized Person *(Last name)*

Authorized Person Title

Authorized Person *(First name)* *(M.I.)*

Authorized Person *(Last name)*

Authorized Person Title

Authorized Person *(First name)* *(M.I.)*

Authorized Person *(Last name)*

Authorized Person Title

B. Certification and Indemnification *(Two authorized signatories must sign below if the organization is acting as Agent for the Account Owner.)*

We, the undersigned, the duly authorized officers of the organization identified in **Section 4**, hereby certify the following:

If the organization is an Agent for the Account Owner identified in **Section 1**, that each of the authorized persons listed in **Section 5A** 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 to the organization for the OOklahoma 529 Account Owner identified in **Section 1**.

The organization agrees to indemnify and hold harmless Oklahoma 529, the State of Oklahoma, the Board of Trustees of Oklahoma 529, TIAA-CREF Tuition Financing, Inc., Ascensus College Savings Recordkeeping Services, LLC, and any of their affiliates, agents, and employees, and any third party 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 any of them to have originated from any authorized person identified in **Section 5A**. This resolution remains in full force and effect until revoked by an authorized signatory of the organization. Each **Registered Investment Advisor Form** filed with Oklahoma 529 revokes a **Registered Investment Advisor Form** previously filed with Oklahoma 529 in its entirety. Any revocation will not affect any liability resulting from transactions initiated before Oklahoma 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.

I certify that I have read and understand, consent, and agree to all the terms and conditions of the Oklahoma 529 Description and understand the rules and regulations governing Oklahoma 529.

SIGNATURE

Name of Authorized Signatory

__ __ – __ __ – __ __ __ __

Date *(mm-dd-yyyy)*

Title

SIGNATURE

Name of Authorized Signatory

__ __ – __ __ – __ __ __ __

Date *(mm-dd-yyyy)*

Title

6. SIGNATURE — YOU MUST SIGN BELOW

BY SIGNING BELOW, I HEREBY ACKNOWLEDGE MY PRIOR APPOINTMENT OF THE INDIVIDUAL LISTED IN **SECTION 2** OF THIS FORM AS MY REGISTERED INVESTMENT ADVISOR (RIA). I ACKNOWLEDGE THAT THE DESIGNATED RIA HAS BEEN EMPOWERED TO ACT ON MY BEHALF, WITH RESPECT TO MY OKLAHOMA 529 ACCOUNTS, UNDER A SEPARATE AGREEMENT WITH THE LISTED BROKER/DEALER FIRM. SUCH AGREEMENT AUTHORIZES MY RIA TO ACT ON MY BEHALF TO THE EXTENT OF THE AUTHORIZATION LEVEL INDICATED IN **SECTION 3** OF THIS FORM. MY RIA'S AUTHORITY DOES NOT INCLUDE TRANSFERRING OWNERSHIP OF UNITS, CHANGING THE DESIGNATED BENEFICIARY, SUCCESSOR OWNER OR SUCCESSOR RESPONSIBLE INDIVIDUAL OR ESTABLISHING OR RE-ESTABLISHING CONVENIENCE SERVICES.

I certify that I have read and understand, consent, and agree to all the terms and conditions of the Oklahoma 529 Plan Description and understand the rules and regulations governing Oklahoma 529.

SIGNATURE

Signature of Account Owner

__ __ – __ __ – __ __ __ __

Date *(mm-dd-yyyy)*