



# CollegeBound 529

# 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 CollegeBound 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; 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 CollegeBound 529 Account(s). 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- This resolution remains in effect until we have been notified in writing that it has been revoked or a new **Organization Resolution Form** has been submitted.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.

Forms can be downloaded from our website at [www.collegebound529.com](http://www.collegebound529.com), or you can call us to order any form — or request assistance in completing this form — at **1.877.615.4116** any business day from 8 a.m. to 8 p.m. Eastern time.

 **1.877.615.4116**  
8 a.m. to 8 p.m. Eastern Time M-F

 **www.collegebound529.com**

Regular mailing address:  
**CollegeBound 529**  
**P.O. Box 55987**  
**Boston, MA 02205-9722**

Overnight mailing address:  
**CollegeBound 529**  
**95 Wells Ave, Suite 155**  
**Newton, MA 02459**

## 1. Organization information

Name of Organization

Address

City

State

Zip Code

Firm Tax ID Number



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

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

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

[Grid of boxes for Mailing Address]

[Grid of boxes for City]      [Grid of boxes for State]      [Grid of boxes for Zip Code]

[Grid of boxes for 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 CollegeBound 529 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 CollegeBound 529 Account(s) 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 Resolution Forms** for each additional Account Owner for whom the organization serves as an Agent.
- The organization acknowledges that it is solely responsible for informing CollegeBound 529 of any changes in the authority or identity of the persons listed in this **Section 2B**, and that CollegeBound 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 2B** until CollegeBound 529 has received written notice of the revocation of such person’s authority and CollegeBound 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 include a separate sheet that provides the name and title of each Authorized Person.

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

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

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

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

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

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





State of Rhode Island  
Office of the General Treasurer  
Seth Magaziner

