


CollegeBound Saver

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 Saver 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 Saver 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- This resolution remains in effect until we have been notified in writing that it has been revoked or a new **Organization Resolution Form** has been submitted.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 www.collegeboundsaver.com, or you can call us to order any form—or request assistance in completing this form—at **1.877.517.4829** any business day from 8 a.m. to 8 p.m. Eastern time.

 **1.877.517.4829**
8 a.m. to 8 p.m. Eastern Time M-F

 **www.collegeboundsaver.com**

Regular mailing address:
CollegeBound Saver
P.O. Box 55986
Boston, MA 02205-9714

Overnight mailing address:
CollegeBound Saver
95 Wells Ave, Suite 155
Newton, MA 02459-3204

1. Organization information

Name of Organization

Address

City

State

Zip Code

Firm Tax ID Number



* R I D I R E C T O R G R E S *

2. Agent for CollegeBound Saver Account Owner *(Complete only if the organization is acting as Agent for the CollegeBound Saver 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 **(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 Saver 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 Saver 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 Saver of any changes in the authority or identity of the persons listed in this **Section 2B**, and that CollegeBound Saver 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 Saver has received written notice of the revocation of such person's authority and CollegeBound Saver 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

Name of Authorized Person *(first, middle initial, last)* and Title

Name of Authorized Person *(first, middle initial, last)* and Title

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Name of Authorized Person *(first, middle initial, last)* and Title

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