## New York's 529 Advisor-Guided College Savings Program

## **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 New York's 529 Advisor-Guided College Savings Program ("Advisor-Guided Plan" or "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 Advisor-Guided 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- This resolution remains in effect until we have been notified in writing that it has been revoked or a new **Organization Resolution Form** has been submitted.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.ny529advisor.com, or you can call us to order any form — or request assistance in completing this form—at 1.800.774.2108, Monday-Friday 8 a.m. to 6 p.m. Eastern time.

Return this form and any other required documents to:

For overnight delivery or registered mail, send to:

New York's 529 Advisor-Guided College Savings Program P.O. Box 55498 Boston, MA 02205-5498

New York's 529 Advisor-Guided College Savings Program 95 Wells Avenue, Suite 155 Newton, MA 02459

## **Organization information**

Name of Organization	
Address	
City	State Zip Code
Firm Tax ID Number	



Account Ov	wner inf	orma	ation	(Do	not	inclu	ide a	gent	inf	orm	ation	her	e; pi	rovid	e as	ind	icati	ed i	in <b>S</b>	ect	ion	<b>2b</b> .)	)					
Name (first, mid	ddle initial,	last)																										
Mailing Address	SS S																											
													7											_				
City													_	St	ate		Z	Zip C	Code									
Social Security		r Taxn	] — aver I	denti	fication	n Nu	mber	(Rea	uire	d)																		
Agent's aut								,		,																		
<ul> <li>Any one of authority a as this form</li> </ul>	as an age	nt in	acco	ordar	nce v	vith	a <b>D</b> ı	ırabl	le P	ow	er o	f At	torn	ey F														
		·													7h ^	ro o	u+h	oria	70d ·	to a	nt n	ml		I			o th	
<ul> <li>The organispecified F an agent.</li> <li>Owner for</li> </ul>	ization ac Plan Acco The orga	cknov ounts nizat	own ion fu	ed b urthe	y the er acl	e Ac knov	coun vled	t Ow ges t	ner hat	ide	ntifie	ed in	Se	ctior	<b>2</b> a	on۱	whic	ch t	he o	orga	ıniza	atior	n ha	as b	een	au'	thor	izec
an agent.	ization according According According The orgation according to the According Accordin	cknov ounts nizat ne orç cknov ed in t	own ion fu ganiz wledo this <b>s</b> have	ed burther ation ges to sect original to sect or sect	y the er acl n ser hat i ion 2	e Ac know ves it is <b>2b,</b> a ed fi	coun vled as a solel and t	t Ow ges t n age y res hat tl any p	ner hat ent. pon he f	ide it m sibl Plan on id	ntifie ust f e for is no denti	ed in ile s info ot re fied	Sec epa ermin spor in the	ctior rate ng th nsible his <b>S</b>	orga Orga e Pla e for ecti	on vaniza	which ation f and act <b>2b</b> u	ch t n Ro y c ts o unti	the desolories of the desolori	orga lutio ges niss e Pla	iniza ons in t ions an h	ation for e he a s tak	n ha eacl auth ken	as b h ac norit in r eive	een Iditi ty o ega d w	n au iona r ide ritte	thor al Ad entir	ized cou :y iy
specified F an agent. Owner for  The organiof the persinstruction the revoca	ization ac Plan Acco The orga whom th ization ac sons liste as believe ation of so	cknownizate orgodore organization organ	own ion fuganization wledge this state thave have nore	ed burther ation ges to sect original ation ation ges to sect original ation a	y the er acle is ser hat in the final in the	e Acknown ves et is a celebrate a celebrat	coun vled as a solel and t om a and	t Ow ges t n age y res hat th any p the P	ner hat ent. pon he f erse lan an d	ide it m sibl Plan on id has	ntifie ust f e for is no denti had	ed in ile s info ot re fied a re	epa ermin spon in thaso	rate ng th nsible his <b>S</b>	orga Orga e Pla e for ecti e per	on vaniza	which ation f and act act of t	ch t n Ro y c ts o unti ime	the desolution the de	orga lutio ges niss e Pla act	iniza in t ions an h upo	ation for e he a s tak nas r	n ha eacl auth ece ach	norin in reive not	een Iditi ty o ega d w ice.	n aur iona r ide rid t	thor al Ac entir co ar en n	cou cou y iy otic
specified F an agent. Owner for  The organi of the persinstruction the revoca  If the orga	ization ac Plan Acco The orga whom th ization ac sons listens believe ation of so nization he name	cknow bunts nizat ne org cknow ed in the ed to uch p has not the	own ion fu ganiz wledg this s have erso nore title o	ed burther ation ges to Sectoria original origin	y the er acle is ser hat i ion 2 inate utho contract contract A	e Acknown ves at is a continuation of the cont	coun vled as a solel and t om a and erso orize	t Ow ges t n age y res hat th any p the P	ner hat ent. pon he f erse lan an d	ide it m sibl Plan on id has	ntifie ust f e for is no denti had	ed in ile s info ot re fied a re	epa ermin spon in thaso	rate ng th nsible his <b>S</b>	orga Orga e Pla e for ecti e per	on vaniza	which ation f and act act of t	ch t n Ro y c ts o unti ime	the desolution the de	orga lutio ges niss e Pla act	iniza in t ions an h upo	ation for e he a s tak nas r	n ha eacl auth ece ach	norin in reive not	een Iditi ty o ega d w ice.	n aur iona r ide rid t	thor al Ac entir co ar en n	ized cou :y iy otic
specified F an agent. Owner for  The organi of the persinstruction the revoca  If the organ provides the	ization ac Plan Acco The orga whom th ization ac sons listens believe ation of so nization he name	cknow bunts nizat ne org cknow ed in the ed to uch p has not the	own ion fu ganiz wledg this s have erso nore title o	ed burther ation ges to Sectoria original origin	y the er acle is ser hat i ion 2 inate utho contract contract A	e Acknown ves at is a continuation of the cont	coun vled as a solel and t om a and erso orize	t Ow ges t n age y res hat th any p the P	ner hat ent. pon he f erse lan an d	ide it m sibl Plan on id has	ntifie ust f e for is no denti had	ed in ile s info ot re fied a re	epa ermin spon in thaso	rate ng th nsible his <b>S</b>	orga Orga e Pla e for ecti e per	on vaniza	which ation f and act act of t	ch t n Ro y c ts o unti ime	the desolution the de	orga lutio ges niss e Pla act	iniza in t ions an h upo	ation for e he a s tak nas r	n ha eacl auth ece ach	norin in reive not	een Iditi ty o ega d w ice.	n aur iona r ide rid t	thor al Ac entir co ar en n	ized cou :y iy otic
specified F an agent. Owner for  The organi of the persinstruction the revoca  If the organ provides the	ization according to the organ whom the ization according to the ization of sum ization the name of the first of the same of the ization of t	cknownts nizat ne org	own ion further own from the control of the control own from the control	ed burther ation ation ges to original ation original ation at the control of the	y the er acl or ser acl or ser hat i ion 2 inate outhor acch A	e Acknowness Acknownes	coun vlede as al solel and t com a and erso prize	t Ow ges t n age y res hat ti any p the P ns th d Per	ner hat ent. pon he f erse lan an d	ide it m sibl Plan on id has	ntifie ust f e for is no denti had	ed in ile s info ot re fied a re	epa ermin spon in thaso	rate ng th nsible his <b>S</b>	orga Orga e Pla e for ecti e per	on vaniza	which ation f and act act of t	ch t n Ro y c ts o unti ime	the desolution the de	orga lutio ges niss e Pla act	iniza in t ions an h upo	ation for e he a s tak nas r	n ha eacl auth ece ach	norin in reive not	een Iditi ty o ega d w ice.	n aur iona r ide rid t	thor al Ac entir co ar en n	cou cy y otic
specified F an agent. Owner for  The organiof the persinstruction the revoca  If the organized from the revocation of the persinstruction of the persinstruction of the revocation of the organized from the revocation of the organized from the	ization according to the organ whom the ization according to the ization of sum ization the name of the first of the same of the ization of t	cknownts nizat ne org	own ion further own from the control of the control own from the control	ed burther ation ation ges to original ation original ation at the control of the	y the er acl or ser acl or ser hat i ion 2 inate outhor acch A	e Acknowness Acknownes	coun vlede as al solel and t com a and erso prize	t Ow ges t n age y res hat ti any p the P ns th d Per	ner hat ent. pon he f erse lan an d	ide it m sibl Plan on id has	ntifie ust f e for is no denti had	ed in ile s info ot re fied a re	epa ermin spon in thaso	rate ng th nsible his <b>S</b>	orga Orga e Pla e for ecti e per	on vaniza	which ation f and act act of t	ch t n Ro y c ts o unti ime	the desolution the de	orga lutio ges niss e Pla act	iniza in t ions an h upo	ation for e he a s tak nas r	n ha eacl auth ece ach	norin in reive not	een Iditi ty o ega d w ice.	n aur iona r ide rid t	thor al Ac entir co ar en n	ized cou y iy otid
specified F an agent. Owner for  The organ of the pers instruction the revoca  If the orga provides the  Name(s) of	ization ace Plan Acco The orga whom the ization ace is believe ition of si inization he name  Agent's	cknownts nizat ne orgen cknownts ne orgen cknownts ne orgen channel to channe	own own find own find the state of the state	eed burthee durthee ation ges the original sector of each duther the control of t	y the er acle or acle or acle or ser hat in ser hat in a finate or	e Acknowes knowes at its 2b, a 2b, a ed fire ity ed P uthous cons	country ledge as all solel ledge as all solel ledge as all solel ledge and and all solel ledge as all solel	t Owe	ner hat ent. pon he f erse lan an d	ide it m sibl Plan on id has	ntifie ust f e for is no denti had	ed in ile s info ot re fied a re	epa ermin spon in thaso	rate ng th nsible his <b>S</b>	orga Orga e Pla e for ecti e per	on vaniza	which ation f and act act of t	ch t n Ro y c ts o unti ime	the desolution the de	orga lutio ges niss e Pla act	iniza in t ions an h upo	ation for e he a s tak nas r	n ha eacl auth ece ach	noring in reive not	een Iditi ty o ega d w ice.	n aur iona r ide rid t	thor al Ac entir co ar en n	cou cou y iy otic
specified F an agent. Owner for  The organiof the persinstruction the revoca  If the organized provides the service of the ser	ization ace Plan Acco The orga whom the ization ace is believe ition of si inization he name  Agent's	cknownts nizat ne orgen cknownts ne orgen cknownts ne orgen channel to channe	own own find own find the state of the state	eed burthee durthee ation ges the original sector of each duther the control of t	y the er acle or acle or acle or ser hat in ser hat in a finate or	e Acknowes knowes at its 2b, a 2b, a ed fire ity ed P uthous cons	country ledge as all solel ledge as all solel ledge as all solel ledge and and all solel ledge as all solel	t Owe	ner hat ent. pon he f erse lan an d	ide it m sibl Plan on id has	ntifie ust f e for is no denti had	ed in ile s info ot re fied a re	epa ermin spon in thaso	rate ng th nsible his <b>S</b>	orga Orga e Pla e for ecti e per	on vaniza	which ation f and act act of t	ch t n Ro y c ts o unti ime	the desolution the de	orga lutio ges niss e Pla act	iniza in t ions an h upo	ation for e he a s tak nas r	n ha eacl auth ece ach	noring in reive not	een Iditi ty o ega d w ice.	n aur iona r ide rid t	thor al Ac entir co ar en n	cou cou y iy otic

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

C. <b>Certification and Inde</b> another Account Owner		natories must sign below if	the organization is acting as an agent for
We.	and	(names)	the duly authorized
and	(titles), respective	ely, of the organization iden	, the duly authorized tified in <b>Section 1,</b> hereby certify the following:
	rganization in a <b>Durable Limited</b>		alf of the organization to the extent of the filed for the Advisor-Guided Plan Account
of New York, Ascensus and employees, from a for relying in good faith originated from any aut authorized signatory of an <b>Organization Reso</b>	Broker Dealer Services, the plan and against all losses, claims, and a upon information provided in this chorized person identified in <b>Secti</b> the organization. Each <b>Organiza</b> <b>Ilution Form</b> previously filed with	officials (as defined in the Expenses (including attorne s resolution and for acting of ion 2b. This resolution remation Resolution Form filed Ascensus Broker Dealer Se	r-Guided College Savings Program, The State Disclosure Booklet) and their respective agents, y's fees) of any kind incurred by any of them in instructions believed by any of them to have ains in full force and effect until revoked by an I with Ascensus Broker Dealer Services revokes ervices in its entirety. Any revocation will a reasonable amount of time to act upon the
We are authorized and document of our organi		confirm that these provision	ns conform to the charter or other organizing
Signature — YOU M	UST SIGN BELOW		
	nd understand, consent, and agree w York's 529 Advisor-Guided Colle		tions of the Disclosure Booklet and Tuition
SIGNATURE			
Name of Authorized Signatory			Date (mm/dd/yyyy)
Title			
SIGNATURE			
Name of Authorized Signatory			Date (mm/dd/yyyy)
Title			
	n — <b>Required if your organizat</b> ho signed above is the duly author		
SIGNATURE			
	cing Attorney, or Member of a Domestic S	Stock Exchange	Date (mm/dd/yyyy)
— — — — — — —			
Name of Bank Officer, Practicing	Attorney, or Member of a Domestic Stoc	k Exchange (first, middle initial, la	st) and Title
Print Name of Bank or Firm			



[PAGE LEFT BLANK INTENTIONALLY]