

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- This resolution remains in effect until we have been notified in writing that it has been revoked or a new **Organization Resolution Form** has been submitted.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: New York's 529 Advisor-Guided College Savings Program P.O. Box 55498 Boston, MA 02205-5498	For overnight delivery or registered mail, send to: New York's 529 Advisor-Guided College Savings Program 95 Wells Avenue, Suite 155 Newton, MA 02459
--	---

1. Organization information

Name of Organization

Address

City

State

—

Zip Code

Firm Tax ID Number



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 Advisor-Guided Plan Account Owner identified in **Section 2a**.

The organization agrees to indemnify and hold harmless the New York’s 529 Advisor-Guided College Savings Program, The State of New York, Ascensus Broker Dealer Services, the plan officials (as defined in the Disclosure Booklet) 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 Broker Dealer Services revokes an **Organization Resolution Form** previously filed with Ascensus Broker Dealer Services 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 Disclosure Booklet and Tuition Savings Agreement of New York’s 529 Advisor-Guided College Savings Program.

Name of Authorized Signatory

Date (mm/dd/yyyy)

Title

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 the organization identified in **Section 1**.

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, middle initial, last) and Title

Print Name of Bank or Firm

[PAGE LEFT BLANK INTENTIONALLY]