

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 "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- This resolution remains in effect until we have been notified in writing that it has been revoked or a new **Organization Resolution Form** has been submitted.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 7 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	New York's 529 Advisor-Guided College Savings Program
P.O. Box 55498	95 Wells Avenue, Suite 155
Boston, MA 02205-5498	Newton, MA 02459

1. Organization information

Name of Organization

Address

City

State

Zip Code

Firm Tax ID Number



2. Agent for the Advisor-Guided Plan Account Owner (Complete only if the organization is acting as agent for the Advisor-Guided Plan Account Owner.)

A. Account Owner information (Do not include agent information here; provide as indicated in Section 2b.)

Input boxes for Name (first, middle initial, last)

Name (first, middle initial, last)

Input boxes for Mailing Address

Mailing Address

Input boxes for City

City

Input boxes for State

State

Input boxes for Zip Code

Zip Code

Input boxes for Social Security Number or Taxpayer Identification Number

Social Security Number or Taxpayer Identification Number

B. Agent's authorized persons

- Any one of the persons listed in this Section 2b is authorized to act on behalf of the organization...
The organization acknowledges that the persons identified in this Section 2b are authorized to act only with respect to the specified Plan Accounts...
The organization acknowledges that it is solely responsible for informing the Plan of any changes in the authority or identity of the persons listed in this Section 2b...
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

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

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