

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- This resolution remains in effect until we have been notified in writing that it has been revoked or a new **Organization Resolution Form** has been submitted.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.)*

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Name *(first, middle initial, last)*

□□□

Mailing Address

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City

State

Zip Code

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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, pursuant to the organization's authority as an agent in accordance with a **Durable Power of Attorney Form** filed with the Plan 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 Plan Accounts 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 Resolutions for each additional Account Owner for whom the organization serves as an agent.
- 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**, and that the Plan 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 the Plan has received written notice of the revocation of such person's authority and the Plan 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

□□□

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

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