

Pennsylvania 529 Guaranteed Savings Plan Organization Resolution Form



Use this form to identify the officers or other persons who are authorized to act on Pennsylvania 529 Guaranteed Savings Plan (GSP) Account(s) on behalf of an organization appointed as agent for an account owner pursuant to a Power of Attorney Form or a Limited Power of Attorney/Agent Authorization Form.

- Complete a separate form for each Account Owner for whom the organization serves as agent.
- Organizations covered by this form include: corporations; partnerships; limited liability companies or partnerships; professional corporations or associations; 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 act on behalf of the organization. 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- This resolution remains in effect until the GSP has been notified by you that it has been revoked or a new Organization Resolution Form has been submitted. You must file a new Organization Resolution when there is any change in the identity of the person(s) authorized to act on behalf of your organization.
- Print clearly, preferably in capital letters and black ink.

Forms can be downloaded from our website at www.PA529.com. Or you can call us toll-free to order any form at **1-800-440-4000**. Return this form and any other required documents to: **Pennsylvania 529 Guaranteed Savings Plan P.O. Box 55463 Boston, MA 02205-8114**. For overnight delivery, mail to the **Pennsylvania 529 Guaranteed Savings Plan 95 Wells Avenue, Suite 155, Newton, MA 02459**.

1. Organization Information

Name of Organization

Address

City

State

Zip

Firm Tax ID Number



2. A. Agent for Account Owner

Account Owner Information—**Do not include agent information here; provide as indicated in Section 2B.**

[Grid of 28 empty boxes for Name]

Name

[Grid of 28 empty boxes for Address]

Address

[Grid of 14 empty boxes for City]

City

[Grid of 2 empty boxes for State]

State

[Grid of 8 empty boxes for Zip]

Zip

[Grid of 9 empty boxes for Social Security Number or Individual Taxpayer Identification Number]

Social Security Number or Individual Taxpayer Identification Number

B. Agent’s Authorized Person(s)

To be eligible to serve as agent for a GSP, the organization must have been appointed to serve under a Limited Power of Attorney/Agent Authorization Form or a Power of Attorney Form that has been or is being completed and submitted to the GSP by the Account Owner.

In the space below, please provide information on the person(s) authorized to act on behalf of the organization as agent for the Account Owner. 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

[Grid of 28 empty boxes for Name and Title]

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

[Grid of 28 empty boxes for Name and Title]

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

[Grid of 28 empty boxes for Name and Title]

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

C. Certification and Indemnification—Two authorized signatories or an authorized signatory and an eligible third party must sign

The undersigned authorized signatories of the organization identified in **Section 1** hereby certify that each of the authorized signatories listed in this section is authorized to act on behalf of the organization to the extent of the authority granted to the organization named in the Limited Power of Attorney/Agent Authorization Form or the Power of Attorney Form previously submitted or attached hereto with this form, with respect to the Account Owner identified in **Section 2A**.

The organization acknowledges that:

- The authorized person(s) identified in **Section 2B** are authorized to act only with respect to the GSP account(s) designated by the Account Owner for which the organization has been authorized as an agent. The organization further acknowledges that it must file a separate Organization Resolution for each additional GSP for whom the organization serves as an agent.
- The organization is solely responsible for promptly informing GSP of any changes in the authority or identity of the authorized person(s) listed in **Section 2B**.

The organization agrees to indemnify and hold The GSP, the Pennsylvania Treasury Department, the Tuition Account Program Advisory Board, Upromise Investment Advisors, LLC, and their respective affiliates, officials, officers, employees, representatives, agents and any third party acting hereunder (any of such persons, individually, a "third party") in connection with the GSP, harmless 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 Organization Resolution Form 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 in writing by an authorized signatory of the organization. Each Organization Resolution Form submitted revokes the Organization Resolution previously submitted to the GSP in its entirety. Any revocation will not affect any liability resulting from transactions initiated before GSP or its agents have had a reasonable amount of time to act upon the revocation.

The undersigned are authorized to certify this information on behalf of the organization and confirm that these provisions conform to the charter or other governing document of our organization.

Signature—You Must Sign Below

▶

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

- -

Date (month, day, year)

▶

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

- -

Date (month, day, year)

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.

Name of Bank Officer, Practicing Attorney, or Member of a Domestic Stock Exchange (first, middle initial, last) and Title

Date (month, day, year)

- -

Print name of bank or firm

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