NJBEST 529 College Savings Plan

Organization Resolution Form

- Complete a separate form for each Account Owner for whom the organization serves as an Agent.
- This form identifies the officers or other persons who are authorized to conduct transactions on NJBEST 529 College Savings Plan Account(s) on behalf of an organization.
- Organizations covered by this form include: corporations; limited liability companies; professional corporations or associations; endowments; business trusts; 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 a NJBEST 529 College Savings Plan Account(s). 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- This resolution remains in effect until we have been notified in writing that it has been revoked or a new **Organization Resolution Form** has been submitted.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 listed. Do not staple.

(877) 4NJ-BEST
Monday to Friday 8:30 a.m. - 8 p.m. ET

NJBEST.com

Regular mailing address:
NJBEST 529 College Savings Plan
PO BOX 55795
Boston, MA 02205

Overnight mailing address:
NJBEST 529 College Savings Plan
95 Wells Avenue, Suite 160
Newton, MA 02459

Forms can be downloaded from our website at **NJBEST.com**, or you can call us to order any form — or request assistance in completing this form — at **(877) 4NJ-BEST** Monday to Friday 8:30 a.m. - 8 p.m. ET.

1. Organization information

Name of Organization

Address

City | State | Zip Code

Firm Tax ID Number

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2. Agent for the NJBEST 529 College Savings Plan Account Owner *(Complete only if the organization is acting as Agent for the NJBEST 529 College Savings Plan Account Owner.)*

A. **Account Owner information** *(Do not include Agent information here; provide as indicated in **Section 2B**.)*

Name *(first, middle initial, last)*

Mailing Address

City | State | Zip Code

Social Security Number or Taxpayer Identification Number ***(Required)***

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 an **Agent Authorization/Limited Power of Attorney Form** filed with NJBEST 529 College Savings 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 NJBEST 529 College Savings Plan Account(s) 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 Resolution Forms** for each additional Account Owner for whom the organization serves as an Agent.
- The organization acknowledges that it is solely responsible for informing NJBEST 529 College Savings Plan of any changes in the authority or identity of the persons listed in this **Section 2B**, and that NJBEST 529 College Savings 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 NJBEST 529 College Savings Plan has received written notice of the revocation of such person's authority and NJBEST 529 College Savings 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

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

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

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

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

C. **Certification and Indemnification** *(Two authorized signatories must sign below if the organization is acting as an Agent for another Account Owner.)*

We, the undersigned, duly authorized officers of the organization identified in **Section 1**, hereby certify the following:

If the organization is an Agent for the Account Owner identified in **Section 2**, that each of the authorized persons listed in **Section 2B** is authorized by resolution of the board of directors or other governing body of the organization, or under the organization's charter or other organizing document, to act on behalf of the organization to the extent of the authority granted the organization in an **Agent Authorization/Limited Power of Attorney Form** filed for the NJBEST 529 College Savings Plan Account Owner identified in **Section 2A**.

The organization agrees to indemnify and hold harmless NJBEST 529 College Savings Plan, the NJBEST 529 College Savings Plan Administrator, the Program Manager Franklin Templeton, Ascensus College Savings Recordkeeping Services, LLC and any of their respective authorized 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 College Savings Recordkeeping Services, LLC revokes an **Organization Resolution Form** previously filed with NJBEST 529 College Savings Plan in its entirety. Any revocation will not affect any liability resulting from transactions initiated before NJBEST 529 College Savings 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.

3. Signature — YOU MUST SIGN BELOW

SIGNATURE

Name of Authorized Signatory

☐☐ – ☐☐ – ☐☐☐☐

Date *(mm/dd/yyyy)*

Title

SIGNATURE

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

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

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