



# Organization Resolution Form

**Return this Form to:**

Bloomwell 529  
P.O. Box 85529  
Lincoln, NE 68501-5529

**Overnight Mail:**

Bloomwell 529  
1248 O Street, Suite 200  
Lincoln, NE 68508

If you have questions, please call us at **877.408.4644**, Monday–Friday, 7 a.m. to 7 p.m. (CT).

**INSTRUCTIONS:**

- Complete a separate Organization Resolution Form for each Bloomwell 529 Education Savings Plan (“Plan”) Account Owner for whom the organization serves as an agent.
- This form identifies the officers or other persons who are authorized to conduct Plan transactions on behalf of the organization.
- Organizations covered by this form include: corporations; partnerships; limited liability companies or partnerships; professional corporations or associations; endowments; business trusts; and other like entities or organizations.
- This form requires the signature of two authorized persons from the applicable 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 Plan Account. If the 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- This resolution remains in effect until we have been notified in writing that it has been revoked or a new form has been submitted. The organization must file a new form when there is any change in the identity of the persons authorized to act on behalf of the organization.
- Print clearly, preferably in capital letters. Mail the form to the address listed.

## 1. Organization Information

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Organization Tax ID Number: \_\_\_\_\_

## Agent Information

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

Name (First, M.I., Last): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Social Security Number or Taxpayer Identification Number **(Required)**: \_\_\_\_\_

### B. Agent's Authorized Persons

- Each one or 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 any Limited 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 Accounts owned by the Account Owner on which the organization has been authorized as an agent. The organization further acknowledges that it must file a separate form 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 or its agents are not responsible for any acts or omissions taken with respect 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, or the Plan has received a new form and the Plan has had a reasonable period of time to act upon such notice or form. Each form filed with the Plan revokes any form previously filed with the Plan in its entirety with respect to the Account Owner identified therein.
- 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, M.I., Last) and Title: \_\_\_\_\_

Name of Authorized Person (First, M.I., Last) and Title: \_\_\_\_\_

Name of Authorized Person (First, M.I., Last) and Title: \_\_\_\_\_

Name of Authorized Person (First, M.I., Last) and Title: \_\_\_\_\_

Name of Authorized Person (First, M.I., 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, \_\_\_\_\_ and \_\_\_\_\_ (names),  
duly authorized officers 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 any Power of Attorney or Limited Power of Attorney Form filed for the Account Owner identified in Section 2A.

The organization agrees to indemnify and hold harmless the Plan, the Nebraska Educational Savings Plan Trust, the State of Nebraska, the Nebraska State Treasurer, the Nebraska Investment Council, the Program Manager and its authorized agents, and any of their respective affiliates, agents, and employees acting hereunder (any of such persons or entities, a "third party") from and against all losses, claims, and expenses (including attorney's fees) of any kind incurred by any third party for relying in good faith upon information provided in this resolution and for acting on instructions believed by a third party to have originated from any authorized person identified in Section 2B. This form remains in full force and effect until revoked by an authorized signatory of the organization. Each form filed with the Plan or its agents revokes any form previously filed with the Plan or its agents in its entirety with respect to the Account Owner identified therein. 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.

The undersigned and the organization are each authorized and directed to certify the above and confirm that these provisions conform to the charter or other organizing document of the organization.



### 3. Signature

I certify that I have read and understand, consent, and agree to all the terms and conditions of the Bloomwell 529 Education Savings Plan Program Disclosure Statement and Participation Agreement.

#### Signature and Date Required

\_\_\_\_\_  
Name of Authorized Signatory

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name of Authorized Signatory

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

#### Third Party Certification — Required if the organization has only one authorized signatory

The undersigned certifies that the person who signed above is the duly authorized signatory of the organization

**X** \_\_\_\_\_

Signature of Bank Officer, Practicing Attorney, or Member of a Domestic Stock Exchange

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Print Name of Bank or Firm



**UBT**  
Union Bank & Trust  
Program Manager

Nebraska Educational Savings Plan Trust, Issuer. Nebraska State Treasurer, Trustee. Nebraska Investment Council, Investment Oversight. Union Bank and Trust Company, Program Manager.