

Louisiana START K12 Program 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 Louisiana START K12 Program Account(s) on behalf of an organization.
- Organizations covered by this form include: corporations; partnerships; 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 an 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- This resolution remains in effect until we have been notified in writing that it has been revoked or a new **Organization Resolution Form** has been submitted.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 start.laregents.edu, or you can call us to order any form—or request assistance in completing this form—at **1-855-836-5387** Monday through Friday 7 am - 7 pm CT. Terms used in this form not otherwise defined, have the same meaning as those terms used in the Louisiana START K12 Program Description Booklet.

Return this form and any other required documents to:

**Louisiana START K12 Program
PO Box 219153
Kansas City, MO 64121**

For overnight delivery or registered mail, send to:

**Louisiana START K12 Program
1001 E 101st Terrace, Suite 200
Kansas City, MO 64131**

1. Organization information

Name of Organization

Address

City

State

Zip Code

Firm Tax ID Number



* L A K - 1 2 O R G R E S *

2. Agent for Louisiana START K12 Program Account Owner *(Complete only if the organization is acting as agent for the Account Owner.)*

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

Name (first, middle initial, last)

Last 4 Digits of 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 Louisiana START K12 Program 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 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 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 Louisiana START K12 Program of any changes in the authority or identity of the persons listed in this **Section 2B**, and that Louisiana START K12 Program 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 Louisiana START K12 Program has received written notice of the revocation of such person's authority and Louisiana START K12 Program has had a reasonable period of time to act upon such notice.
- If the organization has more than five authorized persons please attach a separate sheet that provides the name and title of each additional authorized persons.

Name(s) of Agent's Authorized Persons

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

Title of Authorized Person

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

Title of Authorized Person

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

Title of Authorized Person

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

Title of Authorized Person

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

Title of Authorized Person

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

The organization agrees to indemnify and hold harmless the Plan Officials 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 Louisiana START K12 Program revokes an **Organization Resolution Form** previously filed with Louisiana START K12 Program in its entirety. Any revocation will not affect any liability resulting from transactions initiated before Louisiana START K12 Program 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.

I certify that I have read and understand, consent, and agree to all the terms and conditions of the Description Booklet.

Name of Authorized Signatory

Title

Name of Authorized Signatory

Title

□□ – □□ – □□□□
Date (mm/dd/yyyy)

□□ – □□ – □□□□
Date (mm/dd/yyyy)

I certify that the person who signed above is the duly authorized signatory of the organization identified in **Section 1**.

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

[PAGE LEFT BLANK INTENTIONALLY]