

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

We, the undersigned, the duly authorized officers of the organization identified in **Section 4**, hereby certify the following:

If the organization is an Agent for the Account Owner identified in **Section 1**, that each of the authorized persons listed in **Section 5A** 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 to the organization for the Quest529 Education Savings Plan Account Owner identified in **Section 1**.

The organization agrees to indemnify and hold harmless the Quest529 Education Savings Plan, the State of Kansas, the Office of the Kansas State Treasurer, TIAA-CREF Tuition Financing, Inc., Ascensus College Savings Recordkeeping Services, LLC, and any of their affiliates, agents, and employees, and any third party acting hereunder (any of such persons, individually, a "third party") 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 5A**. This resolution remains in full force and effect until revoked by an authorized signatory of the organization. Each **Registered Investment Advisor Form** filed with Quest529 revokes a **Registered Investment Advisor Form** previously filed with Quest529 in its entirety. Any revocation will not affect any liability resulting from transactions initiated before Quest529 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 Quest529 Plan Description and Participation Agreement and understand the rules and regulations governing Quest529.

SIGNATURE

Name of Authorized Signatory

Title

□□ — □□ — □□□□

Date (mm-dd-yyyy)

SIGNATURE

Name of Authorized Signatory

Title

□□ — □□ — □□□□

Date (mm-dd-yyyy)

6. SIGNATURE — YOU MUST SIGN BELOW

BY SIGNING BELOW, I HEREBY ACKNOWLEDGE MY PRIOR APPOINTMENT OF THE INDIVIDUAL LISTED IN **SECTION 2** OF THIS FORM AS MY REGISTERED INVESTMENT ADVISOR (RIA). I ACKNOWLEDGE THAT THE DESIGNATED RIA HAS BEEN EMPOWERED TO ACT ON MY BEHALF, WITH RESPECT TO MY QUEST529 ACCOUNTS, UNDER A SEPARATE AGREEMENT WITH THE LISTED BROKER/DEALER FIRM. SUCH AGREEMENT AUTHORIZES MY RIA TO ACT ON MY BEHALF TO THE EXTENT OF THE AUTHORIZATION LEVEL INDICATED IN **SECTION 3** OF THIS FORM. MY RIA'S AUTHORITY DOES NOT INCLUDE TRANSFERRING OWNERSHIP OF UNITS, CHANGING THE DESIGNATED BENEFICIARY, SUCCESSOR OWNER OR SUCCESSOR RESPONSIBLE INDIVIDUAL OR ESTABLISHING OR RE-ESTABLISHING CONVENIENCE SERVICES.

I certify that I have read and understand, consent, and agree to all the terms and conditions of the Quest529 Plan Description and Participation Agreement and understand the rules and regulations governing Quest529.

SIGNATURE

Signature of Account Owner

SIGNATURE

Signature of Joint Tenant Account Owner

□□ — □□ — □□□□

Date (mm-dd-yyyy)

□□ — □□ — □□□□

Date (mm-dd-yyyy)