CollegeBound 529

CollegeBound 529 Power of Attorney

- Complete this form to designate a Financial Advisor *(as defined in the CollegeBound 529 Program Description)*, individual, corporation, or other entity as your Agent with the authority to transact business with your CollegeBound 529 Account(s).
- To grant an agent limited authority to act on your CollegeBound 529 Account(s), use an **Agent Authorization/Limited Power of Attorney Form**.
- This **Power of Attorney Form** must be signed by the Account Owner and notarized in **Section 4.**
- This **Power of Attorney Form** must be signed by the Agent in **Section 2**.
- If there is anything about this form that you do not understand, you should seek legal advice.
- 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.

Forms can be downloaded from our website at **www.collegebound529.com,** or you can call us to order any form — or request assistance in completing this form — at **1.877.615.4116** any business day from 8 a.m. to 8 p.m. Eastern time.

1.877.615.4116
8 a.m. to 8 p.m. Eastern Time M-F

www.collegebound529.com

Regular mailing address:
CollegeBound 529
P.O. Box 55987
Boston, MA 02205-9722

Overnight mailing address:
CollegeBound 529
95 Wells Ave, Suite 155
Newton, MA 02459

WARNING TO PERSON EXECUTING THIS DOCUMENT

THIS IS AN IMPORTANT LEGAL DOCUMENT WHICH IS AUTHORIZED BY THE RHODE ISLAND GENERAL LAWS. THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THE POWERS GRANTED BY THIS DOCUMENT ARE DEFINED IN R.I.G.L. 18-16-1 *ET SEQ*. ENTITLED THE RHODE ISLAND SHORT FORM POWER OF ATTORNEY ACT.

NOTICE: UNLESS YOU LIMIT THE POWER IN THIS DOCUMENT, THIS DOCUMENT GIVES YOUR AGENT THE POWER TO ACT FOR YOU, WITHOUT YOUR FURTHER CONSENT, IN ANY WAY THAT YOU COULD ACT FOR YOURSELF. ACTIONS TAKEN BY YOUR AGENT WILL BIND YOU AND YOUR SUCCESSORS.

THE PURPOSE OF THIS POWER OF ATTORNEY IS TO CONFER UPON AND GRANT TO THE PERSON YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO TRANSACT BUSINESS WITH COLLEGEBOUND 529, WHICH INCLUDES POWERS TO MAKE INVESTMENT DECISIONS, CONTRIBUTIONS, WITHDRAWALS, AND TAKE OTHER ACTION IN CONNECTION WITH COLLEGEBOUND 529 WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. THIS FORM DOES NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS. WHEN POWERS ARE EXERCISED, YOUR AGENT MUST ACT FOR YOUR BENEFIT, AND USE THE CARE, COMPETENCE, AND DILIGENCE ORDINARILY EXERCISED BY AGENTS IN SIMILAR CIRCUMSTANCES, ALL IN ACCORDANCE WITH THE PROVISIONS OF THIS POWER OF ATTORNEY AND APPLICABLE LAW.

UNTIL YOU REVOKE THIS POWER OF ATTORNEY OR A COURT ACTING ON YOUR BEHALF TERMINATES IT, YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME DISABLED. IF YOU WISH TO REVOKE THIS POWER OF ATTORNEY YOU MUST NOTIFY THE AGENT IN WRITING WITH A COPY TO COLLEGEBOUND 529 AT THE ADDRESS SET FORTH ABOVE.

THIS POWER OF ATTORNEY IS INTENDED TO COMPLY WITH THE R.I.G.L 18-16-1 *ET SEQ*. IN THE EVENT OF A CONFLICT BETWEEN THIS POWER OF ATTORNEY AND RHODE ISLAND LAW, RHODE ISLAND LAW SHALL CONTROL. YOU MAY HAVE OTHER RIGHTS OR POWERS UNDER RHODE ISLAND LAW NOT SPECIFIED IN THIS FORM.

RI ADV POA

1. Account Owner information

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

Account Number *(List all that apply. To list more than two Accounts, use a separate sheet.)*

Name of Account Owner *(first, middle initial, last)*

Telephone Number *(In case we have a question about your Account.)*

2. Agent information

Note: If your Agent is a corporation or other entity, the entity must also complete and submit a CollegeBound 529 **Organization Resolution Form.**

Relationship of Agent to Account Owner *(Check one.)*

☐ Financial Advisor ☐ Other *(Provide Social Security number or other Tax ID number.)*

Name of Agent *(first, middle initial, last)*

Financial Professional Firm Name *(If applicable)*

CRD number provided by FINRA *(if you are a financial professional)*

Mailing Address

City

State

Zip Code

Telephone Number

BY SIGNING, ACCEPTING, OR ACTING UNDER THIS APPOINTMENT, I ASSUME THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT. I ACKNOWLEDGE THAT, AS AGENT, I ACT EXCLUSIVELY FOR THE BENEFIT OF THE ACCOUNT OWNER. I FURTHER ACKNOWLEDGE THAT I OWE A DUTY OF LOYALTY TO AND PROTECTION OF THE BEST INTERESTS OF THE ACCOUNT OWNER, A DUTY TO AVOID CONFLICTS OF INTEREST AND TO USE ORDINARY SKILL AND PRUDENCE IN THE EXERCISE OF THESE DUTIES. I AGREE TO DIRECT ANY BENEFITS DERIVED FROM THIS POWER OF ATTORNEY TO THE ACCOUNT OWNER.

SIGNATURE

Signature of Agent

Date *(mm/dd/yyyy)*

3. Authorization

I, the Account Owner listed in **Section 1**, appoint the Agent listed in **Section 2**, as my agent to act for me in any lawful way that I may act with respect to the CollegeBound 529 Account(s) identified in **Section 1**. This includes, but is not limited to:

- Contributing and withdrawing money from any Account listed in **Section 1** in accordance with procedures established by CollegeBound 529.
- Contributing money owned wholly or partly by me to the above-referenced Account(s) and moving money among Investment Options within each of the above-referenced Account(s).
- Withdrawing, now or in the future, money from the above-referenced Account(s), terminating the above-referenced Account(s) and otherwise managing and entering into all other lawful transactions with respect to the above referenced Account(s).
- Changing the Beneficiary of any Account listed in **Section 1.**
- Receiving duplicate statements from CollegeBound 529.

4. Signature, indemnification, and notarization — YOU MUST SIGN BELOW

UNLESS YOU DIRECT OTHERWISE, THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED OR TERMINATED AS SPECIFIED BELOW. THIS POWER OF ATTORNEY WILL CONTINUE TO BE EFFECTIVE EVEN IF YOU BECOME DISABLED, INCAPACITATED, OR INCOMPETENT. THIS POWER OF ATTORNEY MAY BE REVOKED BY YOU AT ANY TIME. ABSENT REVOCATION, THE AUTHORITY GRANTED IN THIS POWER OF ATTORNEY IS EFFECTIVE WHEN THIS POWER OF ATTORNEY IS SIGNED AND CONTINUES IN EFFECT UNTIL YOUR DEATH.

I agree that any third party who receives a copy of this CollegeBound 529 **Power of Attorney Form** may act under it with respect to the CollegeBound 529 Account(s) identified in **Section 1**. Revocation or termination of the Power of Attorney due to my death, court determination or any other reason is not effective as to a third party until the third party receives written notice of the revocation or termination and the third party has had a reasonable amount of time to act on such notice. I, for myself and for my heirs, executors, legal representatives and assigns, agree to indemnify and hold harmless CollegeBound 529, the State of Rhode Island, the Office of the General Treasurer of the State of Rhode Island, the Rhode Island State Investment Commission, Invesco Distributors, Inc., Invesco Advisors, Inc., Ascensus College Savings Recordkeeping Services, LLC and any of their respective authorized agents, and employees, and any third party acting hereunder (any of such persons, individually, a "third party") in connection with CollegeBound 529, from and against any and all claims that may arise or do arise against such third party by reason of any action or inaction by such third party having relied on the provisions of this Power of Attorney, including any claims that arise from acting on instructions believed by any of them to have originated from my Agent, and to pay such third party promptly on demand, for any and all losses arising out of any act by my Agent under this Power of Attorney.

A POWER OF ATTORNEY IS AN IMPORTANT LEGAL DOCUMENT. IF YOU HAVE ANY QUESTIONS ABOUT THE POWER OF ATTORNEY OR AUTHORITY YOU ARE GRANTING TO YOUR AGENT, YOU SHOULD SEEK LEGAL ADVICE BEFORE SIGNING THIS FORM.

Do not sign below until you are in the presence of the authorized notary providing the notary service.

SIGNATURE

Signature of Account Owner

__ __ – __ __ – __ __ __ __

Date *(mm/dd/yyyy)*

Your signature must be notarized. See below. We cannot accept a signature guarantee in place of a notary's seal.

STATE OF ______________________)

)ss.:

COUNTY OF ______________________)

This document was acknowledged before me on ______________ (date) by ______________________________ *(name of Account Owner)*, who certifies the correctness of the signature of the Account Owner.

SIGNATURE

Signature of Notary

__ __ – __ __ – __ __ __ __

Date *(mm/dd/yyyy)*

Name of Notary *(first, middle initial, last)*

My commission expires:

__ __ – __ __ – __ __ __ __

Date *(mm/dd/yyyy)*

Notary to place seal here

Applies to signature in **Section 4.**

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