




## DC College Savings Plan Agent Authorization/Limited Power of Attorney

- Complete this form to designate a Financial Advisor (*as defined in the DC College Savings Plan Program Disclosure Booklet*), individual, corporation, or other entity as your Agent with **limited** authority to act on your DC College Savings Plan Account(s). To grant an Agent **complete** powers to act on your DC College Savings Plan Account(s), please complete the **Power of Attorney Form**.
- You may only designate **one level of authorization** in **Section 3** for the Account(s) listed on this form.
- This **Agent Authorization/Limited Power of Attorney Form** must be signed by the Account Owner and notarized in **Section 4**.
- This **Agent Authorization/Limited Power of Attorney Form** must also 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.dccollegesavings.com](http://www.dccollegesavings.com), or you can call us to order any form—or request assistance in completing this form—at **1.800.987.4859** any business day from 8 a.m. to 8 p.m. Eastern time.

 **1.800.987.4859**  
8 a.m. to 8 p.m. Eastern Time M-F

 [www.dccollegesavings.com](http://www.dccollegesavings.com)

 [clientservice@dccollegesavings.com](mailto:clientservice@dccollegesavings.com)

Regular mailing address:  
**DC College Savings Plan**  
**P.O. Box 55012**  
**Boston, MA 02205-5012**

Overnight mailing address:  
**DC College Savings Plan**  
**95 Wells Ave, Suite 155**  
**Newton, MA 02459-3204**

#### WARNING TO PERSON EXECUTING THIS DOCUMENT

THIS IS AN IMPORTANT LEGAL DOCUMENT WHICH IS AUTHORIZED BY THE DISTRICT OF COLUMBIA GENERAL LAWS. THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THE POWERS GRANTED BY THIS DOCUMENT ARE EXPLAINED IN THE UNIFORM STATUTORY FORM POWER OF ATTORNEY ACT OF 1998.

**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 COULD ACT FOR YOURSELF. ACTIONS TAKEN BY YOUR AGENT WILL BIND YOU AND YOUR SUCCESSORS.**

THE PURPOSE OF THIS LIMITED POWER OF ATTORNEY IS TO CONFER UPON AND GRANT TO THE PERSON YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO TRANSACT BUSINESS WITH THE DC COLLEGE SAVINGS PLAN, WHICH MAY INCLUDE POWERS TO MAKE INVESTMENT DECISIONS, CONTRIBUTIONS, WITHDRAWALS, AND TAKE OTHER ACTION IN CONNECTION WITH THE DC COLLEGE SAVINGS PLAN 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 LIMITED POWER OF ATTORNEY AND APPLICABLE LAW.

UNTIL YOU REVOKE THIS LIMITED 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 LIMITED POWER OF ATTORNEY YOU MUST NOTIFY THE AGENT IN WRITING WITH A COPY TO THE DC COLLEGE SAVINGS PLAN AT THE ADDRESS SET FORTH ABOVE.

THIS LIMITED POWER OF ATTORNEY IS INTENDED TO COMPLY WITH D.C. CODE § 21-2101. IN THE EVENT OF A CONFLICT BETWEEN THIS LIMITED POWER OF ATTORNEY AND THE DISTRICT OF COLUMBIA LAW, DISTRICT OF COLUMBIA LAW SHALL CONTROL. YOU MAY HAVE OTHER RIGHTS OR POWERS UNDER THE DISTRICT OF COLUMBIA LAW NOT SPECIFIED IN THIS FORM.





### 3. Authorization level

I, the Account Owner listed in **Section 1**, appoint the Agent listed in **Section 2**, as my Agent (*please initial the appropriate level of access that applies to the Account(s) listed in Section 1*).

**Note:** If you have more than one Account and you wish to designate different levels of access for your different Account(s), complete a separate form for each Account.

  
Initial

**Level 1—Account Inquiry Access.** To obtain information about my Account(s), and receive duplicate Account statements from the DC College Savings Plan.\*

  
Initial

**Level 2—Account Inquiry Access, Contributions, and Exchanges.** To obtain information about my Account(s), and receive duplicate Account statements from the DC College Savings Plan. To contribute money to the above-referenced Account(s) and to move money among Portfolios within each of the above-referenced Account(s).\*

  
Initial

**Level 3—Account Inquiry Access, Contributions, Exchanges, and Disbursements.** To obtain information about my Account(s), and receive duplicate Account statements from the DC College Savings Plan. To contribute money to the above-referenced Account(s) and to move money among Portfolios within each of the above-referenced Account(s). To make qualified withdrawals, now or in the future, money from the above-referenced Account(s).\*

\* The authority in Level 1, 2, or 3 Access is limited to the level of authority specified above. My Agent shall have no authority to take any other action, including, but not limited to:

- Changing the address of record on my Account(s),
- Adding, deleting, or changing any banking information with respect to my Account(s),
- Changing the Beneficiary,
- Signing or e-signing an **Enrollment Form** or otherwise opening a new Account on my behalf, or
- Transferring assets to a new Account(s).

