

HI529 — Hawaii's College Savings Program

Power of Attorney



- Complete this form to designate an individual, corporation, or other entity as your agent with the complete authority to act on your HI529 — Hawaii's College Savings Program account(s). To grant an agent limited authority to act on your HI529 — Hawaii's College Savings Program account(s), complete a Limited Power of Attorney/Agent Authorization Form.
- This Power of Attorney Form must be signed by the account owner and notarized in **Section 3**.
- If there is anything about this form that you do not understand, you should ask a lawyer of your own choosing to explain it to you.
- Print clearly, preferably in capital letters and black ink.

Forms can be downloaded from our website at www.hi529.com, or you can call us to order any form at **1.866.529.3343** any business day from 8:00 a.m. to 5:00 p.m. (Hawaii Standard Time).

Return this form and any other required documents in the enclosed postage-paid envelope, or mail to:

HI529 — Hawaii's College Savings Program
P.O. Box 219779
Kansas City, MO 64121-9779

For overnight delivery or registered mail, send to:

HI529 — Hawaii's College Savings Program
1001 E 101st Terrace, Suite 200
Kansas City, MO 64131

NOTICE: UNLESS YOU LIMIT THE POWER IN THIS DOCUMENT, THIS DOCUMENT GIVES YOUR AGENT THE POWER TO ACT FOR YOU, WITHOUT YOUR CONSENT, IN ANY WAY THAT YOU COULD ACT FOR YOURSELF. THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY AND AFFAIRS, WHICH MAY INCLUDE POWERS TO MAKE INVESTMENT DECISIONS, CONTRIBUTIONS, WITHDRAWALS, MAKE CHANGES TO THE DESIGNATED BENEFICIARY OF ANY ACCOUNT LISTED IN SECTION 1, AND TAKE OTHER ACTION IN CONNECTION WITH HI529 – HAWAII'S COLLEGE SAVINGS PROGRAM WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. THIS FORM DOES NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS; BUT WHEN POWERS ARE EXERCISED, YOUR AGENT MUST USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THE PROVISIONS OF THIS FORM AND MUST KEEP A RECORD OF RECEIPTS, DISBURSEMENTS, AND SIGNIFICANT ACTIONS TAKEN AS AGENT. 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.

YOU MAY HAVE OTHER RIGHTS OR POWERS UNDER HAWAII LAW NOT SPECIFIED IN THIS FORM.



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