



## 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](http://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**  
**920 Main Street, Suite 900**  
**Kansas City, MO 64105**

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.



\* H I P O A \*



3. Authorization and Indemnification

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 HI529 — Hawaii’s College Savings Program account(s) identified in Section 1. This includes but is not limited to:

- To contribute and withdraw money from any account listed in Section 1 in accordance with procedures established by the HI529 — Hawaii’s College Savings Program.
To contribute money owned wholly or partly by me to the above-referenced account(s) and to move money among investment options within each of the above-referenced account(s).
To withdraw, now or in the future, money from the above-referenced account(s); and to otherwise manage and enter into all other lawful transactions with respect to the above referenced account(s).
To change the designated beneficiary of any account listed in Section 1.
To receive duplicate statements from the HI529 — Hawaii’s College Savings Program.

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 document may act under it. Revocation or termination due to my death, court determination or any other reason of the power of attorney 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 HI529, the State of Hawaii Director of Finance, The Vanguard Group, Inc., Ascensus College Savings Recordkeeping Services, LLC., and any of their respective affiliates, officials, officers, representatives, agents, and employees, and any third party acting hereunder (any of such persons, individually, a “third party”) in connection with HI529, for any claims that arise against the third party because of reliance on this power of attorney.

IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, CONSULT A LAWYER KNOWLEDGEABLE IN HAWAII LAW RATHER THAN SIGN THIS FORM.

SIGNATURE

Date (mm/dd/yyyy)

Signature of Account Owner

(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

Date (mm/dd/yyyy)

Signature of Notary Public

Name of Notary Public (first, m.i., last)

My commission expires:
Date (mm/dd/yyyy)

Notary to Place Seal Here
Applies to signatures in Section 3.

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