CollegeChoice Advisor 529 Savings Plan

Agent Certification Form

CollegeChoice**Advisor**
529 SAVINGS PLAN

- If you are an agent pursuant to a Power-of-Attorney document, and you would like to be added as an agent to 529 Account(s), please complete this **Agent Certification Form**. If you are CollegeChoice Advisor 529 Savings Plan account owner looking to add an authorized agent on your account do not complete this form. Complete the **Agent Authorization / Limited Power of Attorney,** or **Power of Attorney Form** instead.
- If you have any legal questions concerning this form, please contact an attorney.
- Type or print clearly, printing in capital letters and black ink. Please mail the form to the Plan. Do not staple.

Forms can be downloaded from our website at **collegechoiceadvisor529.com**, or you can call us to order any form — or request assistance in completing this form — at **1.866.485.9413,** Monday through Friday from 8 a.m. - 8 p.m. ET.

1.866.485.9413
Monday to Friday, 8 a.m. - 8 p.m. ET

collegechoiceadvisor529.com

clientservice@collegechoiceadvisor529.com

Regular mailing address:
CollegeChoice Advisor 529 Savings Plan
P.O. Box 219354
Kansas City, MO 64121

Overnight mailing address:
CollegeChoice Advisor 529 Savings Plan
1001 E 101st Terrace, Suite 200
Kansas City, MO 64131

1. Account Owner information

Account Number

Account Number

Account Number

Account Number

Account Number

Account Number

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

Permanent Street Address *(P.O. boxes are* ***not*** *acceptable.)*

City

State

Zip Code

Social Security Number

* I N   A D V   A G E N T   C E R T   P O A *

2. Agent information* Please insert your information

Important Notice: In compliance with the USA Patriot Act, we are required to obtain, verify, and record information that identifies each person who opens an account or is granted authority as an agent to act on an account. Please provide all of the information requested below.

Name *(first, middle initial, last)*

Agent's Mailing Address

City | State | Zip Code

Telephone Number | Date of Birth *(mm/dd/yyyy)*

Social Security Number

*If the Power-of-Attorney document provides for more than one agent, and requires the agents to act in concert with each other, we require that each agent complete an **Agent Certification Form**.

3. Certification of Authority

I hereby attest, that the Power-of-Attorney document dated _____ ("Power-of-Attorney"), submitted by me, grants me the power to purchase, sell, transfer, and otherwise conduct transactions in securities, banking products, direct and receive disbursements regardless of tax consequences of such disbursement, receive and access account statements and obtain other account information, do any other lawful act with respect to the account(s) in **Section 1** of this **Agent Certification Form**, and exercise any and all investment powers available to and on behalf of _____ (the, Account Owner, named above).

The Account Owner was able and competent at the time the Power-of-Attorney was executed, and the authorization and delegation pursuant to the Power-of-Attorney is a continuing one and will remain in effect in the event of Account Owner's disability or incompetence.

Furthermore, the Power-of-Attorney remains in full force and effect and has not been withdrawn, amended or removed; and the Account Owner is still living.

4. Authorization, Certification, and Indemnification by the Agent

I, the undersigned Attorney-In-Fact, hereby certify that I am the duly authorized Attorney-In-Fact ("Agent") for the Account Owner identified above.

I hereby certify that as Agent, I will only exercise those powers that were validly granted to me by the Account Owner pursuant to the Power-of-Attorney, and that I will not exercise any powers granted by the Account Owner in the Power-of-Attorney, if I have information or reason to believe that the Power of Attorney has been revoked, has been partly or completely terminated or suspended, or is no longer valid because of the death, entry of an order of guardianship and/or conservatorship for the Account Owner by a court or for any other reason that may nullify or compromise my authority to act in a representative capacity for the Account Owner.

For accepting my certifications provided above and complying with this and future requests with respect to the Account Owner's account(s) in **Section 1** of this **Agent Certification Form**, I hereby direct Ascensus College Savings Recordkeeping Services, LLC ("Ascensus"), all of its affiliates, he CollegeChoice Advisor 529 Savings Plan, and each of their officers, directors, trustees, employees, representatives and agents or their successors and assigns (collectively, "Service Providers"), without any further inquiry or investigation, to act in reliance on the authority of this Certification. I hereby request that the Service Providers follow my directions in reliance upon this authorization and I agree to hold harmless and indemnify Service Providers from any claims, losses, expenses, costs, damages or liabilities (including reasonable attorneys' fees and expenses) arising out of or relating to, Service Providers' reliance upon the instructions contained herein and any subsequent instructions Service Providers believe to be genuine whether such instructions are provided in writing or by telephone or any other means and whether or not such instructions are consistent with the powers specified in the Power-of-Attorney document, and acting or falling to act as a result thereof.

I further agree to be bound by all the terms and conditions set forth in any and all agreements relating to the Account Owner's account(s).

This certification and acceptance thereof is made under penalty of perjury.

SIGNATURE

Signature of Agent

__ __ – __ __ – __ __ __ __

Date *(mm/dd/yyyy)*

Your signature must be notarized.

STATE OF __________________________)

COUNTY OF __________________________)

This document was acknowledged before me on________________ (date) by ___________________________________ *(Name of Agent)*, to the authenticity of his or her signature.

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.**