CollegeChoice Advisor 529 Savings Plan

Agent Authorization/Limited Power of Attorney

CollegeChoice**Advisor**
529 SAVINGS PLAN

- Complete this form to designate a Financial Advisor *(as defined in the CollegeChoice Advisor 529 Savings Plan Disclosure Statement)*, individual, corporation, or other entity as your agent with limited authority to act on your CollegeChoice Advisor 529 Savings Plan (CollegeChoice Advisor) Account(s). To grant an agent complete powers to act on your CollegeChoice Advisor 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. To grant a different level of authorization for your other Account(s), please complete a separate form.
- This **Agent Authorization/Limited Power of Attorney Form** must be signed by the Account Owner and notarized in **Section 4.**
- If there is anything about this form that you do not understand, you should consult your lawyer to explain it to you.
- 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 below. Do not staple.

Forms can be downloaded from our website at **www.collegechoiceadvisor529.com,** or you can call us to order any form — or request assistance in completing this form — at **1.866.485.9413** any business day from 8 a.m. to 8 p.m. Eastern time.

Return this form and any other required documents to:

CollegeChoice Advisor 529 Savings Plan
P.O. Box 219354
Kansas City, MO 64121

For overnight delivery or registered mail, send to:

CollegeChoice Advisor 529 Savings Plan
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. THEY ARE EXPLAINED IN ARTICLE 5 OF TITLE 30 OF THE INDIANA CODE. 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”) LIMITED POWERS TO HANDLE YOUR ACCOUNTS WITH THE COLLEGECHOICE ADVISOR 529 SAVINGS PLAN, WHICH MAY INCLUDE POWERS TO MAKE INVESTMENT DECISIONS, CONTRIBUTIONS, WITHDRAWALS, AND TAKE OTHER ACTION IN CONNECTION WITH THE COLLEGECHOICE ADVISOR 529 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; 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 COMPLETE RECORDS OF ALL TRANSACTIONS ENTERED INTO AS YOUR 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 INDIANA LAW NOT SPECIFIED IN THIS FORM.

1. Account Owner information

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

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

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

Permanent Street Address *(P.O. box is* ***not*** *acceptable.)*

City

State

Zip Code

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 CollegeChoice Advisor **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 Advisor Firm Name *(If applicable)*

Financial Advisor ID Number *(If applicable)*

Mailing Address

City

State

Zip Code

Telephone Number

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.

Level 1—Account Inquiry Access. To obtain information about my Account(s), and receive duplicate Account statements from CollegeChoice Advisor.*

Level 2—Account Inquiry Access, Contributions, and Exchanges. To obtain information about my Account(s), and receive duplicate Account statements from CollegeChoice Advisor. To contribute money to the above-referenced Account(s) and to move money among Investment Options within each of the above-referenced Account(s).*

Level 3—Account Inquiry Access, Contributions, Exchanges, and Disbursements. To obtain information about my Account(s), and receive duplicate Account statements from CollegeChoice Advisor. To contribute money 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).*

* The authority granted herein 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 Account application or otherwise opening a new registration on my behalf, or
- Transferring assets to a new registration.

4. Signature and notarization — YOU MUST SIGN BELOW

UNLESS YOU DIRECT OTHERWISE, THIS LIMITED POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED OR TERMINATED AS SPECIFIED BELOW. THIS LIMITED POWER OF ATTORNEY WILL CONTINUE TO BE EFFECTIVE EVEN IF YOU BECOME DISABLED, INCAPACITATED, OR INCOMPETENT.

THIS LIMITED 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 LIMITED 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 of this limited 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 the Authority, the Trust, CollegeChoice Advisor, the Plan officials *(each as defined in the CollegeChoice Advisor 529 Savings Plan Disclosure Statement)*, Ascensus Broker Dealer Services, Inc., and any of their respective affiliates, agents, and employees, and any third party acting hereunder *(any of such persons, individually, a "third party")* in connection with CollegeChoice Advisor, for any claims that arise against the third party because of reliance on this limited power of attorney.

IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, CONSULT YOUR LAWYER BEFORE SIGNING.

SIGNATURE

Signature of Account Owner

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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

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Date *(mm/dd/yyyy)*

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

My commission expires:

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Date *(mm/dd/yyyy)*

Notary to place seal here

Applies to signature in **Section 4.**

CollegeChoice**Advisor**
529 SAVINGS PLAN