#### CollegeChoice Advisor 529 Savings Plan

## **Power of Attorney**

# CollegeChoice Advisor

- Complete this form to designate an individual, corporation, or other entity as your agent with the complete authority to act on your CollegeChoice Advisor 529 Savings Plan (CollegeChoice Advisor) Account(s).
- This 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 with 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") BROAD POWERS TO HANDLE YOUR ACCOUNTS WITH THE COLLEGECHOICE ADVISOR 529 SAVINGS PLAN PURSUANT TO TITLE 30, SECTIONS 30-5-5-2 THROUGH 30-5-5-19 OF THE INDIANA CODE, 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.

	Account Number (List all that apply. To list more	e than two Accou
	use a separate sheet.)	
Social Security Number or Taxpayer Identification Number (Required)		
Name of Account Owner (first, middle initial, last)		
elephone Number (In case we have a question about your Account.)		
original names produce a question about your necessity		
Agent information		
agont information		
<b>Note:</b> If your agent is a corporation or other entity, the entity must also con	olete and submit a CollegeChoice Adviso	r Organizatio
Resolution Form.	siote and busine a boilegeonoide / tavise	Organizatio
resolution Form.		
Relationship of Agent to Account Owner (Check one.)		
iciationship of Agent to Account Owner   Check One./		
Financial Advisor Other (Provide Social Security number or other Tax	O number	
I I I I I I I I I I I I I I I I I I I		
Name of Agent (first, middle initial, last)		
Name of Agent (first, middle initial, last)		
Name of Agent (first, middle initial, last)  Financial Advisor Firm Name (If applicable)		
inancial Advisor Firm Name ( <i>If applicable</i> )		
inancial Advisor Firm Name ( <i>If applicable</i> )		
inancial Advisor Firm Name (If applicable)  inancial Advisor ID Number (If applicable)		
Financial Advisor Firm Name (If applicable)  Financial Advisor ID Number (If applicable)		
Financial Advisor Firm Name (If applicable)  Financial Advisor ID Number (If applicable)	State Zip Code	
Financial Advisor Firm Name (If applicable)  Financial Advisor ID Number (If applicable)  Mailing Address		
Financial Advisor Firm Name (If applicable)  Financial Advisor ID Number (If applicable)  Mailing Address  City		
Financial Advisor Firm Name (If applicable)  Financial Advisor ID Number (If applicable)  Mailing Address		
Financial Advisor Firm Name (If applicable)  Financial Advisor ID Number (If applicable)  Mailing Address  City  Felephone Number		
Financial Advisor Firm Name (If applicable)  Financial Advisor ID Number (If applicable)  Mailing Address  City		

### 3. Authorization

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 CollegeChoice Advisor Account(s) identified in **Section 1**. This includes, but is not limited to:

- Contributing and withdrawing money from any Account listed in **Section 1** in accordance with procedures established by CollegeChoice Advisor.
- Contributing money owned wholly or partly by me to the above-referenced Account(s) and moving money among investment options within each of the above-referenced Account(s).
- Withdrawing, now or in the future, money from the above-referenced Account(s); and otherwise managing and entering into all other lawful transactions with respect to the above referenced Account(s).
- Changing the Beneficiary of any Account listed in **Section 1**.
- Receiving duplicate statements from CollegeChoice Advisor.

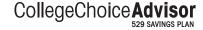
### 4. Signature and notarization—YOU MUST SIGN BELOW

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 of the 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 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			Date (mm/dd/yyyy)
Your signature must be notarized. See belov	w. We cannot accept	a signature guara	ntee 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 corre	ectness of the signatur	e of the Account Uw	/ner.
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 <b>Section 4</b> .



[PAGE LEFT BLANK INTENTIONALLY]