KY Saves 529

Agent Certification Form



- 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 a KY Saves 529 account owner looking to add
 an authorized agent on your account do not complete this form. Complete the
 Agent Authorization / 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 **kysaves.com**, or you can call us to order any form — or request assistance in completing this form — at **1.855.840.4855** Monday through Friday from 8 a.m. to 8 p.m. ET.

	1.855.840.4855 Monday to Friday 8 a.m 8 p.m. ET
***	kysaves.com
>-@	clientservice@kysaves.com
FAX	1.617.559.8939
KY S: P.O. E	ar mailing address: aves 529 Box 56014 on, MA 02205-6014
KY S	ight mailing address: aves 529 ells Ave, Suite 155

Newton, MA 02459

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	



DO NOT STAPLE

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Agent's Maili																	
City									Sta			Zip (Code] –	-	
Telephone Nu									Da	te of I] —	mm/d][-			
Social Securit] –															
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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the Account Owner in the Power of Attorney, if I have information or reason to believe that the Power of Attorney has been revoked, has been partly or completely terminated or suspended, or is no longer valid because of the death, entry of an order of guardianship and/or conservatorship for the Account Owner by a court or for any other reason that may nullify or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, KY Saves 529, 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 failing 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).

Applies to signature in Section 4.