

KY Saves 529

## Agent Authorization/Power of Attorney



- Complete this form to designate a Financial Advisor, individual, corporation, or other entity as your Agent with limited or complete authority to act on your KY Saves 529 Account(s).
- You may only designate **one level of authorization** in Section 3 for the Account(s) listed on this form. That level may be limited or it might give complete power to the authorized agent.
- This Agent Authorization/Power of Attorney Form must be signed by the Account Owner and notarized in Section 4.
- This **Agent Authorization/Power of Attorney Form** must also be signed by the Agent in **Section 2**.
- If there is anything about this form that you do not understand, you should seek legal advice.
- 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 listed. Do not staple.

Forms can be downloaded from our website at [kysaves.com](http://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. Capitalized terms used in this form and not defined have the meanings provided in the KY Saves 529 Program Description.

 **1.855.840.4855**  
Monday to Friday 8 a.m. - 8 p.m. ET

 **kysaves.com**

 **clientservice@kysaves.com**

 **1.617.559.8939**

Regular mailing address:  
**KY Saves 529**  
**P.O. Box 56014**  
**Boston, MA 02205-6014**

Overnight mailing address:  
**KY Saves 529**  
**95 Wells Ave, Suite 155**  
**Newton, MA 02459**

### WARNING TO PERSON EXECUTING THIS DOCUMENT

THIS IS AN IMPORTANT LEGAL DOCUMENT WHICH IS AUTHORIZED BY THE KENTUCKY REVISED STATUTES (KRS). THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THE POWERS GRANTED BY THIS DOCUMENT ARE EXPLAINED IN THE UNIFORM STATUTORY FORM POWER OF ATTORNEY ACT OF 1998.

**NOTICE: UNLESS YOU LIMIT THE POWER IN THIS DOCUMENT, THIS DOCUMENT GIVES YOUR AGENT THE POWER TO ACT FOR YOU, WITHOUT YOUR FURTHER CONSENT, IN ANY WAY THAT COULD ACT FOR YOURSELF. ACTIONS TAKEN BY YOUR AGENT WILL BIND YOU AND YOUR SUCCESSORS.**

THE PURPOSE OF THIS POWER OF ATTORNEY IS TO CONFER UPON AND GRANT TO THE PERSON YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO TRANSACT BUSINESS WITH KY SAVES 529, WHICH MAY INCLUDE POWERS TO MAKE INVESTMENT DECISIONS, CONTRIBUTIONS, WITHDRAWALS, AND TAKE OTHER ACTION IN CONNECTION WITH KY SAVES 529 WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. THIS FORM DOES NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS. WHEN POWERS ARE EXERCISED, YOUR AGENT MUST ACT FOR YOUR BENEFIT, AND USE THE CARE, COMPETENCE, AND DILIGENCE ORDINARILY EXERCISED BY AGENTS IN SIMILAR CIRCUMSTANCES, ALL IN ACCORDANCE WITH THE PROVISIONS OF THIS POWER OF ATTORNEY AND APPLICABLE LAW.

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. IF YOU WISH TO REVOKE THIS POWER OF ATTORNEY YOU MUST NOTIFY THE AGENT IN WRITING WITH A COPY TO KY SAVES 529 AT THE ADDRESS SET FORTH ABOVE.

THIS POWER OF ATTORNEY IS INTENDED TO COMPLY WITH KRS CHAPTER 457. IN THE EVENT OF A CONFLICT BETWEEN THIS POWER OF ATTORNEY AND KRS CHAPTER 457, KRS CHAPTER 457, SHALL CONTROL. YOU MAY HAVE OTHER RIGHTS OR POWERS UNDER APPLICABLE STATE LAW, NOT SPECIFIED IN THIS FORM.



\* KY AUTH AGENT \*



### 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 KY Saves 529.\*  
Initial

**Level 2—Account Inquiry Access, Contributions, and Exchanges.** To obtain information about my Account(s), and receive duplicate Account statements from KY Saves 529. To contribute money to the above-referenced Account(s) and to move money among Investment Options within each of the above-referenced Account(s).\*  
Initial

**Level 3—Account Inquiry Access, Contributions, Exchanges, and Disbursements.** To obtain information about my Account(s) and receive duplicate Account statements from KY Saves 529. 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 make qualified withdrawals, now or in the future, from the above-referenced Account(s).\*  
Initial

\* The authority in Level 1, 2, or 3 Access 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 **Enrollment Form** or otherwise opening a new Account on my behalf, or
- Transferring assets to a new Account(s).

#### To grant full authorization to a Power of Attorney

**Level 4—Complete Power of Attorney.** 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 KY Saves 529 Account(s) identified in **Section 1**. This allows the Agent (but is not limited):  
Initial

- To contribute and withdraw money from any Account(s) listed in **Section 1** in accordance with procedures established by KY Saves 529.
- To contribute money owned wholly or partly by me to the above-referenced Account(s) and move money among Investment Options within each of the above-referenced Account(s).
- To 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).
- To changing the Beneficiary of any Account(s) listed in **Section 1**.
- To receive duplicate statements from KY Saves 529.

### 4. Signature, Indemnification, 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 with respect to the KY Saves 529 Account(s) identified in **Section 1**. 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 and hold harmless KY Saves 529, the Kentucky Higher Education Assistance Authority, Ascensus College Savings Recordkeeping Services, LLC and

