

MOST—Missouri’s 529 Savings Plan Power of Attorney



- Use this form to grant an agent the complete authority to act on your MOST—Missouri’s 529 Savings Plan account(s).
- To grant an agent limited authority to act on your MOST—Missouri’s 529 Savings Plan account(s), use an Agent Authorization/Limited Power of Attorney.
- This Power of Attorney form must be signed by the agent in **Section 2** and signed by the account owner and notarized in **Section 3**.
- If there is anything about this form that you do not understand, you should ask a lawyer of your own choosing to explain it to you.
- Print clearly, preferably in capital letters and black ink.

Return this form and any other required documents to: **MOST—Missouri’s 529 Savings Plan, P.O. Box 219212, Kansas City, MO 64121-9212**. For overnight delivery or registered mail, send to **MOST—Missouri’s 529 Savings Plan, 920 Main Street, Suite 900, Kansas City, MO 64105-2017**.

To order any form or ask questions about the plan, please call us at **888-414-MOST (888-414-6678)** on business days from 7 a.m. to 8 p.m., Central time. Visit our website at www.missourimost.org.

THIS IS A DURABLE POWER OF ATTORNEY AND THE AUTHORITY OF YOUR AGENT SHALL NOT TERMINATE IF YOU BECOME DISABLED OR INCAPACITATED OR IN THE EVENT OF LATER UNCERTAINTY AS TO WHETHER YOU ARE DEAD OR ALIVE.

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. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. YOU MAY REVOKE THIS POWER OF ATTORNEY AT ANY TIME BY THE PLAN’S RECEIVING WRITTEN NOTIFICATION FROM YOU.

THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (YOUR “AGENT”) BROAD POWERS TO HANDLE EACH OF THE ACCOUNTS SPECIFIED BELOW, WHICH MAY INCLUDE POWERS TO MAKE INVESTMENT DECISIONS, CONTRIBUTIONS, WITHDRAWALS, MAKE CHANGES TO THE BENEFICIARY OF ANY ACCOUNT, AND TAKE OTHER ACTIONS IN CONNECTION WITH YOUR MOST—MISSOURI’S 529 SAVINGS PLAN ACCOUNT(S) WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. 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 IF YOU SHOULD BECOME DISABLED.

YOU MAY HAVE OTHER RIGHTS OR POWERS UNDER MISSOURI’S LAW NOT SPECIFIED IN THIS FORM.

1. MOST 529 Account Owner Information

Last Four Digits of Social Security Number,
Individual Taxpayer ID Number, or EIN

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

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

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Daytime Telephone Number

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Evening Telephone Number



* M O D I R P O A *

2. Agent Information

Note: If your agent is a corporation or other entity, the entity must also complete and submit a MOST—Missouri’s 529 Savings Plan Organization Resolution Form.

Relationship of Agent to Account Owner (Check one.):

Financial Advisor Other. If other, please provide:

Social Security Number or Individual Taxpayer ID Number (EIN for organization)

Name of Agent (first, middle initial, last)

Financial Advisor Firm Name (if applicable)

Branch Number

Financial Advisor ID Number (if applicable)

Mailing Address

City

State

Zip

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Daytime Telephone Number

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Signature of Agent

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Date (month, day, year)

3. Authorization and Indemnification

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 with respect to the MOST—Missouri’s 529 Savings Plan account(s) identified in **Section 1**, including the authority to contribute to and withdraw money from any account listed in **Section 1** or in any identically registered account opened after this Power of Attorney has been signed in accordance with procedures established by MOST—Missouri’s 529 Savings Plan.
- To contribute money owned wholly or partly by me 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); and to otherwise manage and enter into all other lawful transactions with respect to the above-referenced account(s).
- To change the designated beneficiary of any account listed in **Section 1** or in any identically registered account opened after this Power of Attorney has been signed.

UNLESS I DIRECT OTHERWISE, THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED OR TERMINATED IN WRITING AS SPECIFIED BELOW.

THIS POWER OF ATTORNEY MAY BE REVOKED IN WRITING BY ME AT ANY TIME. ABSENT REVOCATION, THE AUTHORITY GRANTED IN THIS POWER OF ATTORNEY WILL CONTINUE TO BE EFFECTIVE EVEN IF I BECOME DISABLED, INCOMPETENT, OR INCAPACITATED.

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 and hold harmless MOST—Missouri’s 529 Savings Plan; Ascensus College Savings Recordkeeping Services, LLC; and their respective affiliates, officers, agents, or employees; and any third party, against any claims that arise from acting on instructions believed by any of them to have originated from my agent, and from all acts of my agent covered by this Power of Attorney.

IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, IT MAY BE IN YOUR BEST INTEREST TO CONSULT AN ATTORNEY KNOWLEDGEABLE IN MISSOURI LAW RATHER THAN SIGN THIS FORM.

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Signature of Account Owner

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Date (month, day, year)

(Your signature must be notarized. We cannot accept a signature guarantee in place of a notary's seal.)

STATE OF _____)

) ss.:

COUNTY OF _____) (if applicable)

This document was acknowledged before me on _____ (date) by _____ (name of account owner).

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Signature of Notary Public

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Date (month, day, year)

Notary Public's Name (first, middle initial, last)

My commission expires:

/ /

Date (month, day, year)

Notary to Place Seal Here

