

MOST—Missouri’s 529 Education Plan Agent Authorization/Limited Power of Attorney



Use this form to give an individual, corporation, or other entity that you designate as your agent limited power to act on your MOST—Missouri’s 529 Education Plan account(s). To grant an agent complete powers to act on your account(s), complete a Power of Attorney form.

- You may only designate one level of authorization by **initialing** the appropriate level of access in **Section 3** for the account(s) listed on this form. To grant a different level of authorization for your other account(s), complete a separate form.
- This Agent Authorization/Limited Power of Attorney 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 don’t understand, you should ask a lawyer of your own choosing to explain it to you.
- Print clearly, preferably in capital letters and black ink.

Forms can be downloaded from our website at missourimost.org. Or you can call us toll-free to order any form at **888-414-MOST** (888-414-6678) Monday through Friday from 7 a.m. to 8 p.m., Central time. Return this form and any other required documents in the enclosed postage-paid envelope, or mail to: **MOST—Missouri’s 529 Education Plan, P.O. Box 219212, Kansas City, MO 64121-9212**. For overnight delivery, mail to: **MOST—Missouri’s 529 Education Plan, 920 Main Street, Suite 900, Kansas City, MO 64105-2017**.

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 LIMITED POWER TO ACT FOR YOU, WITHOUT YOUR CONSENT, IN ANY WAY THAT YOU COULD ACT FOR YOURSELF. THE LIMITED 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 LIMITED POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (YOUR “AGENT”) LIMITED POWERS TO HANDLE EACH OF THE ACCOUNTS SPECIFIED BELOW, WHICH MAY INCLUDE POWERS TO MAKE INVESTMENT DECISIONS, CONTRIBUTIONS, AND WITHDRAWALS, AND TAKE OTHER ACTIONS IN CONNECTION WITH YOUR MOST—MISSOURI’S 529 EDUCATION PLAN ACCOUNT(S) WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. UNTIL YOU REVOKE THIS LIMITED 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 OR INCAPACITATED.

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 Employer ID Number (EIN)

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

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

 - -

Daytime Phone

 - -

Evening Phone



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 Education Plan Organization Resolution Form.

Relationship to Account Owner *(Check one.):*

Financial Advisor

Other. If other, 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)*

Financial Advisor ID Number *(if applicable)*

Branch Number *(if applicable)*

Mailing Address

City

State

Zip

 - -

Daytime Phone

➤ **SIGNATURE**

Signature of Agent

 / /

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.

Put your initials in one of the boxes below.

Please initial a box below to indicate the appropriate level of access that applies to the account(s) listed in **Section 1**. Don't put an "x" or checkmark in the box.

Important: If you have more than one account and you wish to designate different levels of access for your different accounts, complete a separate form for each account.

Select one level and initial in the corresponding box.

I N I T I A L S

Initials

Level 1—Account Inquiry Access. To obtain information about my account(s) and receive duplicate account statements from MOST—Missouri's 529 Education Plan.*

I N I T I A L S

Initials

Level 2—Account Inquiry Access, Contributions, and Exchanges. To obtain information about my account(s) and receive duplicate account statements from MOST—Missouri's 529 Education Plan. To contribute money to the account(s) listed in **Section 1** and to move money among investment options within each account listed in **Section 1**.*

I N I T I A L S

Initials

Level 3—Account Inquiry Access, Contributions, Exchanges, and Disbursements. To obtain information about my account(s) and receive duplicate account statements from MOST—Missouri's 529 Education Plan. To contribute money to the account(s) listed in **Section 1** and to move money among investment options within each account listed in **Section 1**. To withdraw, now or in the future, money from the account(s) listed in **Section 1** in accordance with procedures established by MOST—Missouri's 529 Education Plan.*

*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 designated beneficiary.
- Signing or e-signing an enrollment application or otherwise opening a new registration on my behalf.
- Transferring assets to a new registration.

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

THIS LIMITED POWER OF ATTORNEY MAY BE REVOKED IN WRITING BY ME AT ANY TIME. ABSENT REVOCATION, THE AUTHORITY GRANTED IN THIS LIMITED 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 Education Plan; Ascensus College Savings Recordkeeping Services, LLC; 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 limited power of attorney.

IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DON'T UNDERSTAND, IT MAY BE IN YOUR BEST INTEREST TO CONSULT AN ATTORNEY KNOWLEDGEABLE IN MISSOURI LAW BEFORE SIGNING THIS FORM.

➤ **S I G N A T U R E** / /

Signature of Account Owner Date (month, day, year)

(Your signature must be notarized below. 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).

/ /

Signature of Notary Public Date (month, day, year)

➤ **S I G N A T U R E**

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

My commission expires:

/ /

Date (month, day, year)

Notary to Place Seal Here