

Achieve Montana

Agent Authorization / Limited Power of Attorney



- Complete this form to designate an individual, corporation, or other entity as your agent with limited authority to act on your Achieve Montana Account(s). To grant an agent complete powers to act on your Achieve Montana Account(s), please complete the **Power of Attorney Form**.
- You may only designate one level of authorization in **Section 3** for the Account(s) listed on this form. To grant a different level of authorization for your other Account(s), please complete a separate form.
- This **Agent Authorization/Limited Power of Attorney Form** must be signed by the Account Owner and Joint Account Owner (if applicable) and notarized in **Section 4**.
- If there is anything about this form that you do not understand, you should consult with your attorney 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 achievemontana.com, or you can call us to order any form—or request assistance in completing this form—at **1.877.486.9271** any business day from 7 a.m. to 6 p.m. Mountain Time.

Return this form and any other required documents to:

Achieve Montana
P.O. Box 219448
Kansas City, MO 64121-9448

Phone Number: **1.877.486.9271**

Hours: **7 a.m. to 6 p.m. Mountain Time**

Monday through Friday

Website: **achievemontana.com**

NOTICE: UNLESS YOU LIMIT THE POWER IN THIS DOCUMENT, THIS DOCUMENT GIVES THE PERSON YOU DESIGNATE (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 MONTANA CODE ANNOTATED, SECTIONS 72-31-201 THROUGH 72-31-238. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. YOU MAY REVOKE THIS LIMITED POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

THE PURPOSE OF THIS LIMITED POWER OF ATTORNEY IS TO GIVE YOUR AGENT LIMITED POWERS TO HANDLE YOUR ACCOUNT(S) WITH ACHIEVE MONTANA, WHICH MAY INCLUDE POWERS TO MAKE INVESTMENT DECISIONS, CONTRIBUTIONS, WITHDRAWALS, AND TAKE OTHER ACTION IN CONNECTION WITH ACHIEVE MONTANA 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 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 AFTER YOU BECOME DISABLED, INCAPACITATED, OR INCOMPETENT.

YOU AND/OR YOUR AGENT MAY HAVE OTHER RIGHTS OR POWERS UNDER MONTANA LAW NOT SPECIFIED IN THIS FORM.



3. Authorization level

I/We, Account Owner(s) listed in **Section 1**, appoint the Agent listed in **Section 2**, as my/our 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/our Account(s) and receive duplicate Account statements from Achieve Montana.*

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

Level 3—Account Inquiry Access, Contributions, Exchanges, and Withdrawals. To obtain information about my/our Account(s) and receive duplicate Account statements from Achieve Montana. 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 or non-qualified withdrawals, now or in the future, from the above-referenced Account(s).*

* The authority granted herein is limited to the level of authority specified above. My/Our Agent shall have no authority to take any other action, including, but not limited to:

- Changing the address of record on my/our Account(s),
- Adding, deleting, or changing any banking information with respect to my/our Account(s),
- Changing the Beneficiary,
- Signing or e-signing an Enrollment Form or otherwise opening a new Account on my/our behalf, or
- Transferring assets to a new Account.

