

Achieve Montana

Power of Attorney



- Complete this form to designate an individual, corporation, or other entity as your agent with the complete authority to act on your Achieve Montana Account(s).
- This **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: 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 POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE YOUR “AGENT” BROAD POWERS TO HANDLE YOUR ACCOUNT(S) WITH THE ACHIEVE MONTANA PURSUANT TO MONTANA CODE ANNOTATED, SECTIONS 72-31-201 THROUGH 72-31-238, WHICH MAY INCLUDE POWERS TO MAKE INVESTMENT DECISIONS, CONTRIBUTIONS, WITHDRAWALS, AND TAKE OTHER ACTION IN CONNECTION WITH THE 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 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.



1. Account Owner information

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

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

Social Security Number or Taxpayer Identification Number (Required)

Telephone Number (In case we have a question about your Account.)

Name of Joint Account Owner, if applicable (first, middle initial, last)

Social Security Number or Taxpayer Identification Number (Required)

2. Agent information

Note: If your agent is a corporation or other entity, the entity must also complete and submit an **Organization Resolution Form**.

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

 Financial Advisor Other (Provide Social Security number or other Tax ID number.)

Name of Agent (first, middle initial, last)

Financial Advisor Firm Name (If applicable)

Financial Advisor ID Number (If applicable)

Mailing Address

City

State

Zip Code

Telephone Number

BY SIGNING, ACCEPTING, OR ACTING UNDER THE APPOINTMENT, THE AGENT ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT. THE AGENT WORKS EXCLUSIVELY FOR THE BENEFIT OF THE PRINCIPAL (ACCOUNT OWNER). THE FOREMOST DUTY AS THE AGENT IS THAT OF LOYALTY TO AND PROTECTION OF THE BEST INTERESTS OF THE PRINCIPAL (ACCOUNT OWNER). THE AGENT SHALL DIRECT ANY BENEFITS DERIVED FROM THE POWER OF ATTORNEY TO THE PRINCIPAL (ACCOUNT OWNER). THE AGENT HAS A DUTY TO AVOID CONFLICTS OF INTEREST AND TO USE ORDINARY SKILL AND PRUDENCE IN THE EXERCISE OF THESE DUTIES.

SIGNATURE

Signature of Agent

Date (mm/dd/yyyy)

3. Authorization

I/We, the Account Owner(s) listed in **Section 1**, appoint the Agent listed in **Section 2**, as my/our Agent to act for me/us in any lawful way that I/we may act with respect to the Achieve Montana Account(s) identified in **Section 1**. This includes, but is not limited to:

- Contributing to and withdrawing money from any Account listed in **Section 1** in accordance with procedures established by Achieve Montana.
- Contributing money owned wholly or partly by me/us to the above-referenced Account(s) and moving money among Investment Options within each of the above-referenced Account(s).
- Making qualified or non-qualified withdrawals, now or in the future, from the above-referenced Account(s); and otherwise managing and entering into all other lawful transactions with respect to the above referenced Account(s).
- Changing the Beneficiary of any Account listed in **Section 1**.
- Receiving duplicate statements from Achieve Montana.

