College SAVE Plan

College SAVE

Bank of North Dakota's 529 Plan

Limited Power of Attorney / Agent Authorization

- Complete this form to designate an individual, corporation, or other entity as your agent with limited authority to act on your College SAVE Plan account(s).
- 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 in Section 3 for your other account(s), please complete a separate Limited Power of Attorney/Agent Authorization Form.
- This Limited Power of Attorney/Agent Authorization Form must be 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.

Forms can be downloaded from our website at **www.collegesave4u.com**, or you can call us to order any form at **1.866.SAVE.529** (**1.866.728.3529**) any business day from 8 a.m. to 8 p.m. Eastern time.

Return this form and any other required documents to:

College SAVE PO Box 219781 Kansas City, MO 64121-9781 For overnight delivery or registered mail, send to:

College SAVE 1001 E 101st Terrace, Suite 200 Kansas City, MO 64131

NOTICE: 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 LIMITED POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

THE PURPOSE OF THIS LIMITED POWER OF ATTORNEY IS TO GIVE THE PERSON YOU (THE "PRINCIPAL") DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR ACCOUNTS WITH COLLEGE SAVE, WHICH MAY INCLUDE POWERS TO MAKE INVESTMENT DECISIONS, CONTRIBUTIONS, WITHDRAWALS, AND TAKE OTHER ACTION IN CONNECTION WITH COLLEGE SAVE 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 A RECORD OF RECEIPTS, DISBURSEMENTS, AND SIGNIFICANT ACTIONS TAKEN AS 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. THIS LIMITED POWER OF ATTORNEY IS NOT AFFECTED BY SUBSEQUENT DISABILITY OR INCAPACITY OF THE PRINCIPAL OR BY LAPSE OF TIME.

YOU MAY HAVE OTHER RIGHTS OR POWERS UNDER NORTH DAKOTA LAW NOT SPECIFIED IN THIS FORM.

Account Owner Information									
Last 4 Digits of Social Security Number or Taxpayer Identification Number		ount Nun					ore		
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								_	
Name of Account Owner (first, m.i., last)									
Agent Information Note: If the agent is a corporate or other entity, the College SAVE indicating the officers or other persons who are authorized to concept the organization you have appointed as the agent.									alf of
Name of Agent (individual, corporation, or other entity)									
Social Security Number or Taxpayer Identification Number									
Mailing Address									
City		State		Zip Co	de] —		
Daytime Telephone Number	E	evening T	elepho	— [ne Num	ber] —			
Relationship to Account Owner (Check One):									
Financial Advisor Other, if other provide relationship:									

3. Authorization and Indemnification

I, the account owner listed in **Section 1**, appoint the Agent listed in **Section 2**, as my agent (please put your initials in one of the boxes below to the left of 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.

INITIAL

Level 1 - Account Inquiry Access. To obtain information about my account(s), and receive duplicate account statements from the College SAVE Plan.*

INITIAL

Level 2 – Account Inquiry Access, Contributions and Exchanges. To obtain information about my account(s), and receive duplicate account statements from the College SAVE Plan. To contribute money in 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 the College SAVE Plan. To contribute money in 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).*

- * The authority granted herein is limited to the level of authority specified above. My agent shall not have the 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 account application or otherwise opening a new registration on my behalf.
 - Transferring assets to a new registration.

UNLESS YOU DIRECT OTHERWISE, THIS LIMITED POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED OR TERMINATED AS SPECIFIED BELOW. THIS LIMITED POWER OF ATTORNEY WILL CONTINUE TO BE EFFECTIVE EVEN IF YOU BECOME DISABLED, INCAPACITATED, OR INCOMPETENT.

THIS LIMITED POWER OF ATTORNEY MAY BE REVOKED BY YOU AT ANY TIME. ABSENT REVOCATION, THE AUTHORITY GRANTED IN THIS LIMITED POWER OF ATTORNEY IS EFFECTIVE WHEN THIS LIMITED POWER OF ATTORNEY IS SIGNED AND CONTINUES IN EFFECT UNTIL YOUR DEATH.

Authorization and Indemnification (continued)

I agree that any third party who receives a copy of this document may act under it. Revocation or termination due to my death, court determination or any other reason of the power of attorney 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 College SAVE, Bank of North Dakota, The Vanguard Group, Inc., Ascensus College Savings Recordkeeping Services, LLC, and any of their respective affiliates, officials, officers, representatives, agents, and employees, and any third party acting hereunder (any of such persons, individually, a "third party") in connection with COLLEGE SAVE, for any claims that arise against the third party because of reliance on this power of attorney.

IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, CONSULT A LAWYER KNOWLEDGEABLE IN NORTH DAKOTA LAW RATHER THAN SIGN THIS FORM.

SIGNATURE Signature of Account Owner		Date (mm/dd/yyyy)
(Your signature must be notarized. See below. We	cannot accept a signatur	re guarantee in place of a notary's seal.)
STATE OF)	
) ss.:	
COUNTY OF)	
This document was acknowledged before me on	(data) by	(name o
account owner), who certifies the correctness of the signature		(Italie
SIGNATURE		
Signature of Notary Public		Date (mm/dd/yyyy)
Name of Notary Public (first, m.i., last)		
My commission expires:		Notary to place seal here
		Notary to place seal liere
Date (mm-dd-yyyy)		
		Applies to signature in Section 3 .

