

College SAVE Plan

Limited Power of Attorney / Agent Authorization

College SAVE™

Bank of North Dakota's 529 Plan

- 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
P.O. Box 219781
Kansas City, MO 64121-9781

For overnight delivery or registered mail, send to:

College SAVE
920 Main Street, Suite 900
Kansas City, MO 64105

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.



1. Account Owner Information

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

Social Security Number or Taxpayer Identification Number

Name of Account Owner *(first, m.i., last)*

Permanent Address *(a P.O. box number is not acceptable)*

City

State

Zip Code

Daytime Phone Number

Evening Phone Number

2. Agent Information

Note: If the agent is a corporate or other entity, the College SAVE Plan requires documentation, such as a corporate resolution, indicating the officers or other persons who are authorized to conduct transactions on your College SAVE Plan account(s) on behalf of the organization you have appointed as the agent.

Name of Agent *(individual, corporation, or other entity)*

Social Security Number or Taxpayer Identification Number

Mailing Address

City

State

Zip Code

Daytime Phone Number

Evening Phone Number

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.

