Future Path 529 Plan

Future Path 529 Plan →

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 Future Path 529 Plan Account(s). To grant an agent complete powers to act on your Future Path 529 Plan Account(s), please complete the Durable Power of Attorney Form.
- This Agent Authorization/Limited Power of Attorney Form must be signed by the Account Owner and notarized in Section 4.
- If there is anything about this form that you do not understand, you should ask a lawyer of your choosing 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 **www.futurepath529.com**, or you can call us to order any form—or request assistance in completing this form—at **1.800.587.7305** any business day from 8 a.m. to 8 p.m. Eastern time.

Return this form and any other required documents to:

Future Path 529 Plan P.O. Box 55578 Boston, MA 02205-5578 For overnight delivery or registered mail, send to:

Future Path 529 Plan 95 Wells Ave., Suite 155 Newton, MA 02459

NOTICE: UNLESS YOU LIMIT THE POWER IN THIS DOCUMENT, THIS DOCUMENT GIVES 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. 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 DESIGNATE (YOUR "AGENT") LIMITED POWERS TO HANDLE YOUR ACCOUNT(S) WITH THE FUTURE PATH 529 PLAN, WHICH MAY INCLUDE POWERS TO MAKE INVESTMENT DECISIONS, CONTRIBUTIONS, WITHDRAWALS, AND TAKE OTHER ACTION IN CONNECTION WITH YOUR FUTURE PATH 529 PLAN ACCOUNT(S) 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 LOYALLY FOR YOUR BENEFIT AND IN ACCORDANCE WITH THE PROVISIONS OF THIS FORM AND MUST KEEP A RECORD OF ALL RECIEPTS, DISBURSEMENTS AND TRANSACTIONS MADE ON YOUR BEHALF 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.

YOU AND YOUR AGENT MAY HAVE OTHER RIGHTS, POWERS, OR DUTIES UNDER NEVADA LAW NOT SPECIFIED IN THIS FORM.

		OVVI		11110	orm	au	on																								
oxdot] —			_																							_			
Social Se	ecurity	Numbe	er or T	axpa	yer Id	entif	icatio	n Nu	mber	(Req	uirea	1)																_			
																									To li	ist m	nore i	than	two		
										- I							AC	count	s, us	e a s	epar	ate s	heet	: <i>)</i> —	_		· —		— r		
LUL.				Ш		L][_	JĻ_							JL																
Name of	t Accou	unt Ow	ner (fi	rst, m	niddle	initi	al, la	st)			7																				
		_				_																									
Telephor	ne Nun	nber <i>(In</i>	case	we h	iave a	ı que	stion	abou	t you	r Acc	ount.,																				
Δ	4		- 45 -																												
Agen	it inf	orma	atio	'n			,	,		_																					
		_			_																										
Provide	Social	Securi	:y nun	nber	or oth	ner Ta	ax ID	numl	er.	,																					
															JL													<u>J</u> L	_][
Name of	f Agen	t (first, i	niddle	e initi	ial, las	st) 																									
Mailing A	Addres	SS											_	_														_			
] —	- [
City																	S	tate			Zip	Code	9								
		_				_																									
Telephor	ne Nun	nber																													
SIG	NA.	TUR	Е																					-[] –	- [
	re of A	gent																			Da	te (m	m/da	d/yyy	y)						
Signatur																															
Signatur	oriza	ation	lev	vel											_			20	mu		· / / ·		:.	nitio	I th	اد ۵	nnrc	nnris	ate	leve	l ot
Autho I, the A	Accou	nt Ow	ner l	liste									t list	ed ir	Se	ctio	n 2,	as	IIIy d	iyei	IL (L	nea.	se ii	ппа	LIII	c ap	υριτ	ρπ	alo	1010	
Autho I, the A	ccou that	nt Ow applie	ner l s to	liste the	Acco	ount	(s) li	stea	in S	ect	ion	1).								-											
Authorn, the A access	that of	nt Ow <i>applie</i> have	ner l es to more	listed the di e tha	<i>Acco</i> an or	ount ne A	(s) li	stea	in S	ect	ion	1).								-											ple
Authorn, the A access	that of	nt Ow <i>applie</i> have	ner l es to more	listed the di e tha	<i>Acco</i> an or	ount ne A	(s) li	stea	in S	ect	ion	1).								-											ıple
Authorn, the A access	that of	nt Ow applie have m for	rner l es to more each	listed the A e tha	<i>Acco</i> an or	ount ne A nt.	t(s) li Acco	stea unt a	in S and y	ect /ou \	ion wish	1). to d	esig	nate	diff	erei	nt le	vels	of	acce	essi	for y	our/	diff	fere	nt A	4cc	ount	t(s),	com	ıple
Autho I, the A	that of	nt Ow applie have m for	rner l es to more each	listed the A e that h Ac	Acco an or coun	ount ne A nt.	(s) li Acco t Inc	stea unt a	and y	ecti ou v	i on wish s. To	1). to d	esig	nate	diff	erei	nt le	vels	of	acce	essi	for y	our/	diff	fere	nt A	4cc	ount	t(s),	com	ıple
Authorn I, the A access	that of	nt Ow applie have m for Lev stat	mer l more each	listed the Ace h Ace	Acco an or coun Acco from	ne Ant. Dunt the	t Ince Europe	stea unt a juir y ture	and y Ac Path	ces:	ion wish s. To) Pla	1). to d o obt n.*	esig ain i	nate nforr	diff mati	erei on a	nt le	vels t my	of a	cou	ess i	for y	our nd re	diff ecei	fere ve c	nt A	Acco	ount	t(s),	com	
Authorn, the A access	that of	nt Ow applie have m for Lev stat	rner l es to more each rel 1 teme	listed the had a h	Accordan or scound Accordance from Accordance Accordanc	ne Ant. Dun't the	t Inc t Inc	stea unt a juiry ure	Ac Path	ces ces	ion wish s. To Pla s, Co	1). to do obt n.*	lesig ain i	nate nforr	diff mati	erei on a	nt le	vels t my	of a	ассе сои Го о	ess int(s	for y), ar in ir	our nd re	diff ecei mati	fere ve c	nt A	Acco	ount te A	t(s), Acco	com ount	(s),
Authorn I, the A access	that of	nt Ownapplie have m for Lev stat	mer les to more each vel 1 teme	lister the had a h	Acco an or coun Acco from	ne Ant. Dunt Dunt Dunt Dunt Dunt Dunt Dunt Dunt	t Ince t Ince t Ince t Ince te Ac	unt a	Ac Path	ces ces ces	ion wish s. To Pla s, Co ment	to do obton.*	esig ain i ibut i om th	nate nforr i ons ne Fu	diff mati , an	erei on a d Ex e Pa	nt le ibou cch i th 5	vels t my ang	of a	cou To o	ess i	for y), ar in in tribu	our nd re nforr ute r	diff ecei mati mon	fere	nt // dupl abo	Acco	ount te A my <i>A</i>	t(s), Acco Acco Ve-r	com ount	(s),
Authorn, the A access	that of	have have m for star	more la more each	e that h According to the second of the seco	Accordan or scound Accordance duple and to a cordance duple and a cordance duple and to a cordance duple and to a cordance dup	ne A nt. Dun t the Dunt licat	t Ince t Ince t Ince t Ince te Accove	stea unt a luir y cure luiry ccou	in Sand y Ac Path Ac nt st ey a	ces 529 ces ater	ion wish s. To Pla s, Co ment g In	to do obtoon.* ontrics frowestr	lesig ain i i but i ibm the	nate nforr i ons ne Fu t Opt	diff mati , an uture ions	on a d E Pa	nt le lbou (ch th 5	t my ang 29 P eac	of a	cou To o To	nt(s bta con abo	for y), ar in ir tribu	our nd re nforr ute r refe	diff ecei mati mon	fere ve c ion a ey t	nt Adupl	Acco	ount te A my A abov nt(s	Acco ve-r	com ount ount efer	(s), enc
Authorn, the A access	that of	nt Ownapplie have m for Lev state Acco	more land more each rel 1 receptorel 3	e that h According to the second of the seco	Accordance of the Accordance of the Accordance of Accordan	ount ne A ount	t Inc t Inc t Inc te Ac te Ac	stea unt a luiry uiry mon	in S Ac Path Ac nt st ey a Ac Ac Ac Ac Ac Ac Ac Ac Ac A	ces: 529 ces: ater mon	wish s. To Pla Se, Coment g Interest	to do obt o obt o obt o obt o obt o obt o obt o obt	ain i ibuti om the menti ibuti	nforr ions ne Fu	diff mati , an uture iions	on a d Ex Pa with	nt lead bout the state of the s	t my	of a	cou To o To the	nt(s bta abo	for y), ar in ir tribu ve- sen	nd reference	diff ecei mati mon eren	ve consistence of the consistenc	nt Adupl	Acco	ount te A my A above nt(s	Acco Acco ve-r s).*	com ount ount efer	(s), end
Authorn, the Aaccess	that of	have m for start Accomplishing Lev my	more land more each temperature land more land	listed the that he that he had a he had a he	Accordan or scound Accordance duple and to a cordance duple and a cordance duple and to a cordance duple and to a cordance dup	ount ne A nt. ount ount the ount ou	t Inc t Inc t Inc te Ac ove	stea unt a luiry luiry mon luiry	in Sand y AcPath Ac Note to Ac No	ces: 529 ces: ater mon	s. To Pla Pla g In	to do obto	lesig ain i ibuti ment ment ibuti	nforr ions ne Fu t Opt ions	and the difference of the diff	on a d Exercise Pa	nt le	t my ang 29 P eacl	of a	cou To o To the	nt(s nt(s bta con abo	for y), ar in ir tribu ve- sen 29 f	nd rentered	diff mati mon eren ets. To	ion and the control of the control o	nt Aduplaboo	ut nhe a	ount te A my A above nt(s	Acco Acco ve-r s).*	com ount ount efer	(s), enc abo

- * 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 Beneficiary,
 - Signing or e-signing an Account application or otherwise opening a new registration on my behalf, or
 - Transferring assets to a new registration.

4. Signature and notarization—YOU MUST SIGN BELOW

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.

l agree that any third party who receives a copy of this document may act under it. Revocation or termination of the limited 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 the Future Path 529 Plan, the Board of Trustees of the College Savings Plans of Nevada, the State of Nevada, Ascensus College Savings Recordkeeping Services, LLC, JPMorgan Distribution Services, LLC, JPMorgan Investment Management Inc., the Board of Trustees of the College Savings Plans of Nevada (the "Board"), the Nevada State Treasurer, the State of Nevada, all agencies, instrumentalities and funds of the State of Nevada, the Nevada College Savings Trust Fund (the "Trust"), the Plan, and their respective affiliates, officials, officers, directors, employees, and representatives (collectively, the "Plan Officials")., and any third party acting hereunder (any of such persons, individually, a "third party") in connection with the Future Path 529 Plan, for any claims that arise against the third party because of reliance on this limited power of attorney.

IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, CONSULT A LAWYER KNOWLEDGEABLE IN NEVADA LAW BEFORE SIGNING THIS FORM.

SIGNATURE		
Signature of Account Owner		Date (mm/dd/yyyy)
Your signature must be notarized. See below.	We cannot accept a sig	nature guarantee in place of a notary's seal.
STATE OF)	
)ss.:	
COUNTY OF)	
This document was acknowledged before me on	tness of the signature of th	Account Owner
maine of ricedulit owners, who contines the correct	iness of the signature of th	C / Idea and C wildi.
SIGNATURE		
Signature of Notary		Date (mm/dd/yyyy)
Name of Notary (first, middle initial, last)		
My commission expires:	Г	
		Notary to place seal here
Date (mm/dd/yyyy)		
		Applies to signature in Section 4.