

CollegInvest Direct Portfolio College Savings Plan

Agent Authorization/Limited Power of Attorney

- Complete this form to designate a financial advisor, individual, corporation, or other entity as your agent with limited authority to act on your CollegInvest Direct Portfolio College Savings Plan account(s). To grant an agent complete powers to act on your CollegInvest Direct Portfolio College Savings Plan 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 notarized in **Section 3**.
- If there's anything about this form that you don't understand, you should ask a lawyer of your own choosing to explain it to you.
- Print clearly, preferably in capital letters and black ink.

You can download forms from our website at www.collegeinvest.org. Or you can call us to order any form at **800-997-4295** Monday through Friday from 6 a.m. to 7 p.m., Mountain time. Return this form and any other required documents in the enclosed postage-paid envelope, or mail to: **CollegInvest Direct Portfolio College Savings Plan, P.O. Box 219931, Kansas City, MO 64121-9931**. For overnight delivery, mail to: **CollegInvest Direct Portfolio College Savings Plan, 920 Main Street, Suite 900, Kansas City, MO 64105-2017**.

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. THEY ARE EXPLAINED IN PART 6 OF ARTICLE 14 OF TITLE 15, COLORADO REVISED STATUTES. 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") BROAD POWERS TO HANDLE YOUR PROPERTY AND AFFAIRS, WHICH MAY INCLUDE POWERS TO PLEDGE, SELL, OR OTHERWISE DISPOSE OF PERSONAL PROPERTY 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, EVEN AFTER YOU BECOME DISABLED.

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

1. Account Owner Information

Last Four Digits of Social Security Number or Individual Taxpayer ID Number

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

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

Permanent Street Address or APO/FPO (A P.O. box or rural route number is **not** acceptable.)

City

State

Zip

Daytime Phone

Evening Phone



* CO L P O A *

2. Agent Information

Note: If your agent is a **corporation or other entity**, the entity must also complete and submit a Collegenest Direct Portfolio College Savings Plan **Organization Resolution Form**.

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

Financial Advisor

Other

(Provide Agent Social Security Number or Individual Taxpayer ID Number.)

Name of Agent *(Financial Advisor/Other)*

Financial Advisor Firm Name *(if applicable)*

Financial Advisor ID Number *(if applicable)*

Mailing Address

City

State

Zip

Daytime Phone

3. Authorization and Indemnification

I, the account owner listed in **Section 1**, appoint the Agent listed in **Section 2** as my agent.

Put your initials in one of the boxes below.

Please initial a box below to indicate the appropriate level of access that applies to the account(s) listed in **Section 1**. Don't put an "x" or checkmark in the box.

Important: If you have more than one account and you wish to designate different levels of access for your different accounts, complete a separate form for each account.

Select one level and initial in the corresponding box.

I N I T I A L S

Initials

Level 1–Account Inquiry Access. To obtain information about my account(s), and receive duplicate account statements from the CollegenInvest Direct Portfolio College Savings Plan.*

I N I T I A L S

Initials

Level 2–Account Inquiry Access, Contributions, and Exchanges. To obtain information about my account(s), and receive duplicate account statements from the CollegenInvest Direct Portfolio College Savings Plan. To contribute money to the above-referenced account(s) and to move money among investment options within each of the above-referenced account(s).*

I N I T I A L S

Initials

Level 3–Account Inquiry Access, Contributions, Exchanges, and Disbursements. To obtain information about my account(s), and receive duplicate account statements from the CollegenInvest Direct Portfolio College Savings Plan. 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 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 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 designated beneficiary,
- Signing or e-signing an account application or otherwise opening a new registration on my behalf, or
- 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.

I agree that any third party who receives a copy of this document may act under it. Revocation or termination of the 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 CollegenInvest, the Colorado Department of Higher Education, the CollegenInvest Direct Portfolio College Savings Trust, the CollegenInvest Direct Portfolio College Savings Plan, The Vanguard Group, Inc., Ascensus College Savings Recordkeeping Services, LLC, and any of their respective affiliates, agents, and employees, and any third party acting hereunder (any of such persons, individually, a "third party") in connection with the CollegenInvest Direct Portfolio College Savings Plan, 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 COLORADO LAW RATHER THAN SIGN THIS FORM.

➤ **S I G N A T U R E**

/ /

Signature of Account Owner

Date (month, day, year)

(If the account owner is a minor, the designated parent or guardian must sign.)

(Your signature must be notarized. See below. We cannot accept a signature guarantee in place of a notary's seal.)

STATE OF _____)

) ss.:

COUNTY OF _____)

This document was acknowledged before me on _____ (date) by _____ (name of account owner), who certifies the correctness of the signature of the account owner.

➤ **S I G N A T U R E**

/ /

Signature of Notary Public

Date (month, day, year)

Notary Public's Name (first, middle initial, last)

My commission expires:

/ /

Date (month, day, year)

Notary to Place Seal Here

Applies to signature in **Section 3.**