

CollegInvest Direct Portfolio College Savings Plan

Power of Attorney



- Complete this form to designate a financial advisor, individual, corporation, or other entity as your agent with the complete authority to act on your CollegInvest Direct Portfolio College Savings Plan account(s). To grant an agent limited authority to act on your CollegInvest Direct Portfolio College Savings Plan account(s), please complete an Agent Authorization/Limited Power of Attorney Form.
- This Power of Attorney form must be signed by the account owner and notarized in **Section 3**.
- If there is anything about this form that you don't understand, you should ask a lawyer of your own choosing to explain it to you.
- Please note: If this form designates anyone other than an individual, your agent must also complete an Organization Resolution Form.
- Print clearly, preferably in capital letters and black ink.

Forms can be downloaded from our website at www.collegeinvest.org. Or you can call us toll-free 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, 1001 E 101st Terrace, Suite 200, Kansas City, MO 64131**.

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. 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 POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

THE PURPOSE OF THIS 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 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

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Social Security Number or Other 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 Telephone Number

 - -

Evening Telephone Number



CO POA

2. Agent Information

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

Relationship of Agent to Account Owner *(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

- -

Telephone Number

3. Authorization and Indemnification

I, the account owner listed in **Section 1**, appoint the Agent listed in **Section 2**, as my agent to act for me in any lawful way that I may act with respect to the CollegenInvest Direct Portfolio Savings Plan account(s) identified in **Section 1**. This includes but is not limited to:

- Contributing and withdrawing money from any account listed in **Section 1** in accordance with procedures established by the CollegenInvest Direct Portfolio Savings Plan.
- Contributing money owned wholly or partly by me to the above-referenced account(s) and moving money among investment options within each of the above-referenced account(s).
- Withdrawing, now or in the future, money 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 Designated Beneficiary of any account listed in **Section 1**.
- Receiving duplicate statements from the CollegenInvest Direct Portfolio Savings Plan.

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

THIS POWER OF ATTORNEY MAY BE REVOKED BY YOU AT ANY TIME. ABSENT REVOCATION, THE AUTHORITY GRANTED IN THIS POWER OF ATTORNEY IS EFFECTIVE WHEN THIS 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 their respective affiliates, officers, 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.

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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 _____) (if applicable)

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

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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.**

