Scholar's Edge®

Agent Authorization/Power of Attorney



- Complete this form to designate an individual, corporation, or other entity as your Agent with **limited or complete authority** to act on your Scholar's Edge account(s).
- You may only designate one level of authorization in Section 3 for the Account(s) listed on this form. That level may be limited or it might give complete power to the authorized agent.
- This **Agent Authorization/Power of Attorney Form** must be signed by the Account Owner and notarized in **Section 4**.
- This Agent Authorization/Power of Attorney Form must also be signed by the Agent in Section 2.
- If there is anything about this form that you do not understand, you should seek legal advice
- 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 listed. Do not staple.

Forms can be downloaded from our website at **scholarsedge529.com**, or you can call us to order any form—or request assistance in completing this form—at **1.866.529.SAVE (1.866.529.7283)**, Monday through Friday 8:00 a.m. to 7:00 p.m. MT. Capitalized terms used in this form and not defined have the meanings provided in the Scholar's Edge Plan Description and Participation Agreement .

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1.866.529.SAVE (1.866.529.7283)

Monday through Friday 8:00 a.m. to 7:00 p.m. MT

scholarsedge529.com

FAX 617-559-8951

Regular mailing address:

Scholar's Edge PO Box 219798 Kansas City, MO 64121-9798

Overnight mailing address:

Scholar's Edge 1001 E 101st Terrace, Suite 200 Kansas City, MO 64131

IMPORTANT

THIS IS AN IMPORTANT DOCUMENT. THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE UNIFORM POWER OF ATTORNEY ACT, NEW MEXICO STATUTES, NMSA 1978, CHAPTER 45-5B-101 ET SEQ. THE PURPOSE OF THIS POWER OF ATTORNEY IS TO CONFER UPON AND GRANT TO THE PERSON YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO TRANSACT BUSINESS WITH SCHOLAR'S EDGE, WHICH MAY INCLUDE POWERS TO MAKE INVESTMENT DECISIONS, CONTRIBUTIONS, WITHDRAWALS, AND TAKE OTHER ACTION IN CONNECTION WITH SCHOLAR'S EDGE WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. THIS POWER OF ATTORNEY AUTHORIZES ANOTHER PERSON (YOUR AGENT) TO MAKE DECISIONS CONCERNING YOUR ACCOUNT(S) IN SCHOLAR'S EDGE TO THE EXTENT SPECIFIED ON THIS DOCUMENT. YOUR AGENT WILL BE ABLE TO MAKE DECISIONS AND ACT WITH RESPECT TO YOUR ACCOUNTS(S) WHETHER OR NOT YOU ARE ABLE TO ACT FOR YOURSELF. ACTIONS TAKEN BY YOUR AGENT WILL BIND YOU AND YOUR SUCCESSORS.

YOU SHOULD SELECT SOMEONE YOU TRUST TO SERVE AS YOUR AGENT. UNLESS YOU SPECIFY OTHERWISE, GENERALLY YOUR AGENT'S AUTHORITY WILL CONTINUE UNTIL YOU DIE OR REVOKE THE POWER OF ATTORNEY OR YOUR AGENT RESIGNS OR IS UNABLE TO ACT FOR YOU. YOUR AGENT IS ENTITLED TO REASONABLE COMPENSATION UNLESS YOU STATE OTHERWISE.

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. IF YOU WISH TO REVOKE THIS POWER OF ATTORNEY YOU MUST NOTIFY THE AGENT IN WRITING WITH A COPY TO SCHOLAR'S EDGE AT THE ADDRESS SET FORTH ABOVE.

THIS POWER OF ATTORNEY IS INTENDED TO COMPLY WITH NEW MEXICO STATUTES, NMSA 1978, CHAPTER 45-5B-301 ET SEQ. IN THE EVENT OF A CONFLICT BETWEEN THIS POWER OF ATTORNEY AND NMSA 1978, CHAPTER 45-5B-301 ET SEQ., NMSA 1978, CHAPTER 45-5B-301 ET SEQ. SHALL CONTROL. YOU MAY HAVE OTHER RIGHTS OR POWERS UNDER APPLICABLE STATE LAW NOT SPECIFIED IN THIS FORM.

IF YOU HAVE QUESTIONS ABOUT THIS POWER OF ATTORNEY OR THE AUTHORITY YOU ARE GRANTING TO YOUR AGENT, YOU SHOULD SEEK LEGAL ADVICE BEFORE SIGNING



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 (Required)	
Name of Account Owner (first, middle initial, last)	
U.S. Permanent Street Address <i>(P.O. box or rural route number is not acceptable.)</i>	
City	State Zip Code
	·
Telephone Number (In case we have a question about your Account.)	
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Agent Information	
Important Notice : In compliance with the USA Patriot Act, we are req	wired to obtain verify and record information that identifies ear
person who opens an account or is granted authority as an agent to act	
portion who oponio an account of to grantou dathority ac an agont to dot	on an account. House provide an information requested sciew.
Agent Name (first, middle initial, last)	
Agent's Mailing Address	
C:b.	State 7:- C-J-
City	State Zip Code
Telephone Number	Birth Date (mm/dd/yyyy)
Social Security Number	
DV CICNING ACCEPTING OF ACTING UNIDER THIS APPOINTMACNET.	I A SCHME THE EIDHCIADV AND OTHER LEGAL
BY SIGNING, ACCEPTING, OR ACTING UNDER THIS APPOINTMENT, I RESPONSIBILITIES OF AN AGENT. I UNDERSTAND THAT BY ACCEPTI	
OF ATTORNEY, A SPECIAL LEGAL RELATIONSHIP IS CREATED BETWE	
RELATIONSHIP IMPOSES UPON ME LEGAL DUTIES THAT CONTINUE	
OR REVOKED. I WILL DO WHAT THE ACCOUNT OWNER REASONABL	
PROPERTY AND I WILL ACT IN THE BEST INTEREST OF THE ACCOUN	· · · · · · · · · · · · · · · · · · ·
EXCLUSIVELY FOR THE BENEFIT OF THE ACCOUNT OWNER. I FURTHI	
PROTECTION OF THE BEST INTERESTS OF THE ACCOUNT OWNER, A IMPAIR MY ABILITY TO ACT IN THE ACCOUNT OWNER'S BEST INTEI	
IN THE EXERCISE OF THESE DUTIES. I AGREE TO DIRECT ANY BENEF	•
ACCOUNT OWNER. I UNDERSTAND THAT IF I VIOLATE THE UNIFORN	
1978, SECTION 45-5B-101 ET SEQ. OR ACT OUTSIDE THE AUTHORITY	Y GRANTED TO ME, I MAY BE LIABLE FOR ANY DAMAGES
CAUSED BY MY VIOLATION. IF THERE IS ANYTHING ABOUT THIS DO	CUMENT OR MY DUTIES THAT I DO NOT UNDERSTAND, I
UNDERSTAND THAT I SHOULD SEEK LEGAL ADVICE.	
SIGNATURE	
Signature of Agent	Date (mm/dd/yyyy)

Authorization Level

I, the Account Owner listed in **Section 1**, appoint the Agent listed in **Section 2**, as my Agent (please initial 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.



Level 1—Account Inquiry Access. To obtain information about my Account(s), and receive duplicate Account statements from Scholar's Edge.*



Level 2—Account Inquiry Access, Contributions, and Exchanges. To obtain information about my Account(s), and receive duplicate Account statements from Scholar's Edge. To contribute money to the above-referenced Account(s) and to move money among Investment Options within each of the above-referenced Account(s).*



Level 3—**Account Inquiry Access, Contributions, Exchanges, and Disbursements.** To obtain information about my Account(s) and receive duplicate Account statements from Scholar's Edge. 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 make qualified withdrawals, now or in the future, from the above-referenced Account(s).*

- * The authority in Level 1, 2, or 3 Access 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 **Enrollment Form** or otherwise opening a new Account on my behalf, or
 - Transferring assets to a new Account(s).

To grant full authorization to a Power of Attorney



Level 4—Complete Power of Attorney. 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 Scholar's Edge account(s) identified in Section 1. This allows the Agent (but is not limited):

- To contribute and withdraw money from any Account(s) listed in **Section 1** in accordance with procedures established by Scholar's Edge.
- To contribute money owned wholly or partly by me to the above-referenced Account(s) and 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); and otherwise manage and enter into all other lawful transactions with respect to the above-referenced Account(s).
- To change the Beneficiary of any Account(s) listed in **Section 1**.
- To receive duplicate statements from Scholar's Edge.

Signature, Indemnification, and Notarization—YOU MUST SIGN BELOW

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 RECEIVED IN GOOD ORDER BY SCHOLAR'S EDGE AND CONTINUES IN EFFECT UNTIL YOUR DEATH.

I agree that any third party who receives a copy of this document may act under it with respect to the Scholar's Edge account(s) identified in **Section 1**. Revocation or termination of this Power of Attorney due to my death, court determination or any other reason is not effective as to a third party, including Scholar's Edge and its service providers, 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 and hold harmless the State of New Mexico, The Education Trust Board of New Mexico, the Education Plan

Trust of New Mexico for which the Board acts as trustee, Ascensus College Savings Recordkeeping Services, LLC and any of their respective authorized agents, and employees, and any third party acting hereunder (any of such persons, individually, a "third party") in connection with Scholar's Edge, from and against any and all claims that may arise or do arise against such third party by reason of any action or inaction by such third party having relied on the provisions of this Power of Attorney, including any claims that arise from acting on instructions believed by any of them to have originated from my Agent, and to pay such third party promptly on demand, for any and all losses arising out of any act by my Agent under this Power of Attorney.

IF YOU HAVE ANY QUESTIONS ABOUT THE POWER OF ATTORNEY OR AUTHORITY YOU ARE GRANTING TO YOUR AGENT, YOU SHOULD SEEK LEGAL ADVICE BEFORE SIGNING THIS FORM.

SIGNATURE	
Signature of Account Owner	Date (mm/dd/yyyy)
Your signature must be notarized. See below. We cannot accept a signature	guarantee in place of a notary's seal.
STATE OF)	
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	nt Owner.
SIGNATURE Signature of Notary	
Name of Notary (first, middle initial, last)	
My commission expires:	
SIGNATURE	
Signature of Witness 1 <i>(Required)</i>	Date (mm/dd/yyyy)
Witness 1 Name (first, middle initial, last)	
SIGNATURE	
Signature of Witness 2 <i>(Required)</i>	Date (mm/dd/yyyy)
Witness 2 Name (first, middle initial, last)	
	Notary to place seal here
	Applies to signature in Section 4 .