

CollegeBound Saver

CollegeBound Saver Power of Attorney

- Complete this form to designate a Financial Advisor (*as defined in the CollegeBound Saver Program Description*), individual, corporation, or other entity as your Agent with the complete authority to transact business with your CollegeBound Saver Account(s).
- To grant an Agent limited authority to act on your CollegeBound Saver Account(s), use an **Agent Authorization/Limited Power of Attorney Form**.
- This **Power of Attorney Form** must be signed by the Account Owner and notarized in **Section 4**.
- This **Power of Attorney Form** must 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 www.collegeboundsaver.com, or you can call us to order any form—or request assistance in completing this form—at **1.877.517.4829** any business day from 8 a.m. to 8 p.m. Eastern time.



1.877.517.4829

8 a.m. to 8 p.m. Eastern Time M-F



www.collegeboundsaver.com

Regular mailing address:

**CollegeBound Saver
P.O. Box 55986
Boston, MA 02205-9714**

Overnight mailing address:

**CollegeBound Saver
95 Wells Ave, Suite 155
Newton, MA 02459-3204**

WARNING TO PERSON EXECUTING THIS DOCUMENT

THIS IS AN IMPORTANT LEGAL DOCUMENT WHICH IS AUTHORIZED BY THE RHODE ISLAND GENERAL LAWS. THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THE POWERS GRANTED BY THIS DOCUMENT ARE DEFINED IN R.I.G.L. 18-16-1 *ET SEQ.* ENTITLED THE RHODE ISLAND SHORT FORM POWER OF ATTORNEY ACT.

NOTICE: UNLESS YOU LIMIT THE POWER IN THIS DOCUMENT, THIS DOCUMENT GIVES YOUR AGENT THE POWER TO ACT FOR YOU, WITHOUT YOUR FURTHER CONSENT, IN ANY WAY THAT YOU COULD ACT FOR YOURSELF. ACTIONS TAKEN BY YOUR AGENT WILL BIND YOU AND YOUR SUCCESSORS.

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 COLLEGEBOUND SAVER, WHICH INCLUDES POWERS TO MAKE INVESTMENT DECISIONS, CONTRIBUTIONS, WITHDRAWALS, AND TAKE OTHER ACTION IN CONNECTION WITH COLLEGEBOUND SAVER WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. THIS FORM DOES NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS. WHEN POWERS ARE EXERCISED, YOUR AGENT MUST ACT FOR YOUR BENEFIT, AND USE THE CARE, COMPETENCE, AND DILIGENCE ORDINARILY EXERCISED BY AGENTS IN SIMILAR CIRCUMSTANCES, ALL IN ACCORDANCE WITH THE PROVISIONS OF THIS POWER OF ATTORNEY AND APPLICABLE LAW.

UNTIL YOU REVOKE THIS POWER OF ATTONREY OR A COURT ACTING ON YOUR BEHALF TERMIANTES 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 COLLEGEBOUND SAVER AT THE ADDRESS SET FORTH ABOVE.

THIS POWER OF ATTORNEY IS INTENDED TO COMPLY WITH THE R.I.G.L 18-16-1 *ET SEQ.* IN THE EVENT OF A CONFLICT BETWEEN THIS POWER OF ATTORNEY AND RHODE ISLAND LAW, RHODE ISLAND LAW SHALL CONTROL. YOU MAY HAVE OTHER RIGHTS OR POWERS UNDER RHODE ISLAND LAW NOT SPECIFIED IN THIS FORM.



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