

SSGA Upromise 529 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 SSGA Upromise 529 Plan Account(s). To grant an agent complete powers to act on your SSGA Upromise 529 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 4**.
- If there is anything about this form that you do not understand, you should ask a lawyer of your own 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.ssga.upromise529.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:

SSGA Upromise 529
P.O. Box 55578
Boston, MA 02205-5578

For overnight delivery or registered mail, send to:

SSGA Upromise 529
95 Wells Ave., Suite 155
Newton, MA 02459-3204

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 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 POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (YOUR "AGENT") LIMITED POWERS TO HANDLE YOUR ACCOUNT(S) WITH THE SSGA UPROMISE 529 PLAN, WHICH MAY INCLUDE POWERS TO MAKE INVESTMENT DECISIONS, CONTRIBUTIONS, WITHDRAWALS, AND TAKE OTHER ACTION IN CONNECTION WITH YOUR SSGA UPROMISE 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 RECEIPTS, DISBURSEMENTS AND TRANSACTIONS MADE ON YOUR BEHALF 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 AND YOUR AGENT MAY HAVE OTHER RIGHTS, POWERS, OR DUTIES UNDER NEVADA LAW NOT SPECIFIED IN THIS FORM.



3. 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 the SSGA Upromise 529 Plan.*

Level 2—Account Inquiry Access, Contributions, and Exchanges. To obtain information about my Account(s), and receive duplicate Account statements from the SSGA Upromise 529 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).*

Level 3—Account Inquiry Access, Contributions, Exchanges, and Disbursements. To obtain information about my Account(s), and receive duplicate Account statements from the SSGA Upromise 529 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 Beneficiary,
- Signing or e-signing an Account application or otherwise opening a new registration on my behalf, or
- Transferring assets to a new registration.

Account Owner Certification

Do you reside in a hospital, assisted living facility or facility for skilled nursing? If you answer "Yes" you must attach to this form a certification of your competency from a physician, psychologist or psychiatrist.

Yes

No

