SSGA Upromise 529 Plan

SSGA promise 529 POWERED BY SPDR® ETFS

Power of Attorney

- Complete this form to designate an individual, corporation, or other entity as your agent with the complete authority to act on your SSGA
 Upromise 529 Account(s).
- This 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 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:

For overnight delivery or registered mail, send to:

SSGA Upromise 529 P.O. Box 55578 Boston, MA 02205-5578 SSGA Upromise 529 95 Wells Ave., Suite 155 Newton, MA 02459-3204

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. 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 ACCOUNT(S) WITH THE SSGA UPROMISE 529 PLAN, WHICH MAY INCLUDE POWERS TO MAKE INVESTMENT DECISIONS, CONTRIBUTIONS, WITHDRAWALS, CHANGE THE DESIGNATED BENEFICIARY, 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 RECIEPTS, 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.

Account Number (list all that apply, To list more than two Account uses a separate sheet.) Name of Account Owner (flict, endable initial, fuest) Fleelphone Number (in case we have a question about your Account.) Agent information Note: If your agent is a corporation or other entity, the entity must also complete and submit a SSGA Upromise 529 Organization Resolution Form. Relationship of Agent to Account Owner (Check one.) Financial Advisor Firm Nume of Agent (bast, each) Financial Advisor from Nume of Agent (bast, each) Financial Advisor Firm Nume of Agent (bast, each) Financial Advisor Firm Nume of Agent (bast, each) Financial Advisor Firm Nume of Agent (bast) Authorization 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 may act with respect to the SSGA Upromise 529 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 SSGA Upromise 529 Plan. • Contributing money owned wholly or partly by me to the above-referenced Account(s) and moving money among investme options within each of the above-referenced Account(s). • Charging the Designated Beneficiary of any Account listed in Section 1. • Receiving duplicate statements from the SSGA Upromise 529 Plan. Account Owner Certification Do your reside in a haspital, 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.	Account Owner information	
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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 SSGA Upromise 529 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 SSGA Upromise 529 Plan. • Contributing money owned wholly or partly by me to the above-referenced Account(s) and moving money among investm 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 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 SSGA Upromise 529 Plan. 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.	Signature of Agent	Date (IIIII/au/yyyy)
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LIVU	Yes	

4. Signature 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 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 the SSGA Upromise 529 Plan, the Board of Trustees of the College Savings Plans of Nevada, the State of Nevada, Ascensus Broker Dealer Services, Inc., Ascensus Investment Advisors, LLC., Sallie Mae Bank, State Street Global Advisors, 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 SSGA Upromise 529 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 NEVADA LAW BEFORE SIGNING THIS FORM.

SIGNATURE	
Signature of Account Owner	Date (mm/dd/yyyy)
Your signature must be notarized. See below. We cannot accept a s	ignature guarantee in place of a notary's seal.
STATE OF)	
COUNTY OF)	
This document was acknowledged before me on (da correctness of the signature of the Account Owner.	te) by(name of Account Owner), who certifies the
SIGNATURE Signature of Notary	
Name of Notary (first, middle initial, last)	
My commission expires:	
Date (mm/dd/yyyy)	Notary to place seal here
	Applies to signature in Section 4 .

SSGA Upromise 529 is Administered by the Board of Trustees of the College Savings Plans of Nevada, chaired by Nevada State Treasurer. Program Management Services are provided by Ascensus Broker Dealer Services, Inc. Member, FINRA, Securities Investor Protection Corporation (SIPC).

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