

SSGA Upromise 529 Plan

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:

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: 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.



