

Participant Name

VHEIP Account Number(s)

 - -

Primary Telephone

I,

of

do hereby make, constitute and appoint

whose specimen signature is

and whose address is

my true and lawful Attorney in Fact. All references herein to my Attorney in Fact shall be to such person or his or her successors.

THIS IS A DURABLE POWER OF ATTORNEY AND THE AUTHORITY OF MY ATTORNEY IN FACT SHALL NOT TERMINATE IF I BECOME DISABLED OR INCAPACITATED OR IN THE EVENT OF LATER UNCERTAINTY AS TO WHETHER I AM DEAD OR ALIVE.

I give and grant to my Attorney in Fact the power to act on my behalf with respect to the above referenced VHEIP account(s), such power to be used for my benefit and to be exercised by my Attorney in Fact only in a fiduciary capacity. Specifically, my Attorney in Fact shall the power:

- ▶ To deposit or invest funds owned wholly or partly by me in the above referenced VHEIP account(s); to withdraw, now or in the future, any funds from the above referenced VHEIP account(s); and to otherwise manage and enter into all other lawful transactions with respect to the above reference VHEIP account(s).

I hereby agree to indemnify and hold Vermont Student Assistance Corporation (VSAC), the State of Vermont (the State), Intuition College Savings, LLC (Intuition), or any of its respective affiliates and subcontractors, and the VHEIP Plan harmless from acting upon instructions, either oral or in writing, believed to have originated from said Attorney in Fact and from any and all acts of said Attorney in Fact with respect to my VHEIP account(s).

The authorization and indemnity is a continuing one and shall remain in full force and effect and shall be binding upon the undersigned's heirs, executors, successors, beneficiaries, or assigns until revoked by the undersigned by a written notice addressed to Intuition and delivered to its main office, such revocation shall not effect any liability in any way resulting from transactions initiated prior to Intuition's acting on such revocation within a reasonable amount of time. In case of death, disability or incompetence of the undersigned, this authorization shall continue and VSAC, the State, Intuition or any of its respective affiliates or subcontractors, and the VHEIP Plan shall not be responsible for any action taken on the basis of this authorization until Intuition has received written notice thereof addressed to Intuition and delivered to its main office.

Any grant of a Durable Power of Attorney made by me subsequent to the date of execution of this Durable Power of Attorney shall not revoke this Durable Power of Attorney, unless the subsequent Durable Power of Attorney contains a statement to the contrary and specifically refers to this Durable Power of Attorney by its date. Any person relying on this power of attorney may rely on a photocopy as if it were an original.

The undersigned has read the foregoing in its entirety before signing. IN WITNESS THEREOF, I have hereunto set my hand this day of , 20 .

Signature of Grantor of Power of Attorney

STATE OF) ss.

COUNTY OF)

Be it remembered that on the day of , A.D. 20 , personally appeared

signer and sealer of the foregoing written instrument and acknowledged the same to be his/her free act and deed.

Before me,

Notary Public

AFFIDAVIT OF ATTORNEY-IN-FACT

STATE OF) ss.

COUNTY OF)

I of , of lawful age, being duly sworn on this oath says that

, as principal, who resides at

did on this day of , 20 ,

appoint me h true and lawful attorney by the foregoing instrument hereby made a part hereof.

Signature of Attorney-In-Fact

Subscribed and sworn to before me this day of , 20 .

Mail this form to:

Vermont Higher Education
Investment Plan (VHEIP)
Managed by Intuition
College Savings Solutions
PO Box 44002
Jacksonville, FL 32231-4002

The Vermont Higher Education Investment Plan (Plan) is administered by the Vermont Student Assistance Corporation (VSAC). Interests in the Plan are issued directly to Account Owners by VSAC. Intuition College Savings Solutions, LLC (Intuition) is the Plan Manager.



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