New York's 529 Advisor-Guided College Savings Program

## Durable Power of Attorney and Indemnification Agreement



Use this form to give one or two persons the ability to take action with respect to your New York's 529 Advisor-Guided College Savings Program account(s). You can also use any other legally valid form of Power of Attorney, but it may take the Plan longer to review another form to determine its legal validity and effect.

- In this form you, the Account Owner, are also called the "Principal."
- This form contains numerous signature and notarization requirements, reflecting New York law. You and your agent(s) must sign, and all signatures
  must be notarized. In addition, your signature must be witnessed by two disinterested witnesses, and the witnesses must sign within 30 days of
  each other
- Print clearly, preferably in capital letters and black ink.

Forms can be downloaded from our website at **www.ny529advisor.com**. Or you can call us toll-free to order any form—or get assistance in filling out this one—at **1.800.774.2108** on business days from 8 a.m. to 7 p.m., Eastern time.

Return this form and any other required documents to:

For overnight delivery or registered mail, send to:

New York's 529 Advisor-Guided College Savings Program P.O. Box 55498 Boston, MA 02205-5498 New York's 529 Advisor-Guided College Savings Program 95 Wells Avenue, Suite 155 Newton, MA 02459

**PURPOSE:** This is a Power of Attorney, pursuant to General Obligations Law Article 5, Title 15, applicable to Accounts in New York's 529 Advisor-Guided College Savings Program ("Advisor-Guided Plan" or the "Plan"). This form is limited to Account Owner transactions in New York's 529 Advisor-Guided College Savings Program and has been prepared and circulated as a convenience to Account Owners in the Plan and does not apply to any other matters.

CAUTION TO THE PRINCIPAL: YOUR POWER OF ATTORNEY IS AN IMPORTANT DOCUMENT. AS THE "PRINCIPAL," YOU GIVE THE PERSON WHOM YOU CHOOSE (YOUR "AGENT") AUTHORITY TO SPEND YOUR MONEY, AND SELL OR DISPOSE OF YOUR PROPERTY DURING YOUR LIFETIME WITHOUT TELLING YOU. YOU DO NOT LOSE YOUR AUTHORITY TO ACT EVEN THOUGH YOU HAVE GIVEN YOUR AGENT SIMILAR AUTHORITY.

When your Agent exercises this authority, he or she must act according to any instructions you have provided or, where there are no specific instructions, in your best interest. "Important Information for the Agent" at the end of this document describes your Agent's responsibilities.

YOUR AGENT CAN ACT ON YOUR BEHALF ONLY AFTER SIGNING THE POWER OF ATTORNEY BEFORE A NOTARY PUBLIC.

You can request information from your Agent at any time. If you are revoking a prior Power of Attorney, you should provide written notice of the revocation to your prior Agent(s) and to any third parties who may have acted upon it, including the financial institutions where your accounts are located.

YOU CAN REVOKE OR TERMINATE YOUR POWER OF ATTORNEY AT ANY TIME FOR ANY REASON AS LONG AS YOU ARE OF SOUND MIND. IF YOU ARE NO LONGER OF SOUND MIND, A COURT CAN REMOVE AN AGENT FOR ACTING IMPROPERLY.

YOUR AGENT CANNOT MAKE HEALTH CARE DECISIONS FOR YOU. YOU MAY EXECUTE A "HEALTH CARE PROXY" TO DO THIS.

THE LAW GOVERNING POWERS OF ATTORNEY IS CONTAINED IN THE NEW YORK GENERAL OBLIGATIONS LAW, ARTICLE 5, TITLE 15. THIS LAW IS AVAILABLE AT A LAW LIBRARY, OR ONLINE THROUGH THE NEW YORK STATE SENATE OR ASSEMBLY WEBSITES, WWW.SENATE.STATE.NY.US OR WWW.ASSEMBLY.STATE.NY.US.

IF THERE IS ANYTHING ABOUT THIS DOCUMENT THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER OF YOUR OWN CHOOSING TO EXPLAIN IT TO YOU.



Account Owner Information	
	AB Number (List all accounts to which this Durable Power of Attorney
Last Four Digits of Social Security Number,	will apply. To list more than three Accounts, use a separate sheet.)
Individual Taxpayer ID Number, or EIN	
Name of Account Owner (first, middle initial, last)	
Daytime Telephone Number	Evening Telephone Number
Agent Information (Provide complete information of	on the person(s) you are authorizing to act on your Accounts as your agent(s).)
Important Note: If you name two agents, you are author	orizing either agent to act alone, without the action or consent of the other agent.
important resto. If you name two agents, you are dutile	onlying of their agent to det dione, without the detion of consent of the other agent.
Name of Agent (first, middle initial, last)	
Social Security Number or Other Taxpayer ID Number	
Mailing Address	
	State Zip
City	State Zip
Daytime Telephone Number	Evening Telephone Number
Name of Agent (first, middle initial, last)	
Social Security Number or Other Taxpayer ID Number	
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City	State Zip
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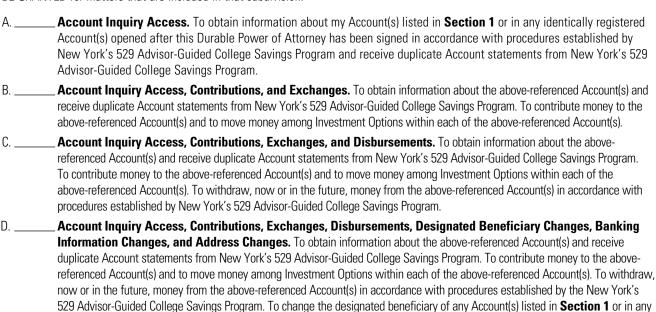
## 3. Durable Power of Attorney and Appointment of Agent(s)

THIS IS A DURABLE POWER OF ATTORNEY AND, AS SUCH, IT SHALL NOT BE AFFECTED BY MY SUBSEQUENT DISABILITY OR INCOMPETENCE.

DEPENDING ON YOUR DIRECTIONS, YOU MAY ALSO AUTHORIZE YOUR AGENT TO MAKE CERTAIN GIFTS OF YOUR MONEY OR OTHER PROPERTY DURING YOUR LIFETIME. "CERTAIN GIFT TRANSACTIONS" ARE DESCRIBED IN SECTION 5-1514 OF NEW YORK GENERAL OBLIGATIONS LAW. GRANTING SUCH AUTHORITY TO YOUR AGENT GIVES YOUR AGENT THE AUTHORITY TO TAKE ACTIONS WHICH COULD SIGNIFICANTLY REDUCE YOUR PROPERTY AND/OR CHANGE HOW YOUR PROPERTY IS DISTRIBUTED AT YOUR DEATH. YOU DO NOT LOSE YOUR AUTHORITY TO ACT EVEN THOUGH YOU HAVE GIVEN YOUR AGENT SIMILAR AUTHORITY.

I DO HEREBY APPOINT THE PERSON(S) listed in **Section 2** as my agent(s) TO ACT IN MY NAME, PLACE, AND STEAD in any way which I myself could do, if I were personally present, with respect to the following matters as each of them is defined in New York General Obligations Law, Article 5, Title 15, to the extent that I am permitted by law to act through an agent:

**DIRECTIONS:** Initial the blank spaces below to the left of any one or more of the following lettered subdivisions to which you WANT to give your agent authority. If the blank space to the left of any particular lettered subdivision is NOT initialed, NO AUTHORITY WILL BE GRANTED for matters that are included in that subdivision.



No person who is an agent under this Durable Power of Attorney, and no person signing it as a witness, is eligible to receive any gift or other transfer under this Durable Power of Attorney.

identically registered Account(s) opened after this Durable Power of Attorney has been signed. To add, delete, or change banking information with respect to the above-referenced Account(s). To change the address of record on the above-referenced Account(s).

This Durable Power of Attorney does not revoke in whole or in part any prior Powers of Attorney executed by me. This Durable Power of Attorney shall not be revoked by any subsequent power of attorney I may execute, unless such subsequent Power of Attorney specifically refers to this Durable Power of Attorney or specifically states that it is intended to revoke all prior Powers of Attorney.

TO INDUCE NEW YORK'S 529 ADVISOR-GUIDED COLLEGE SAVINGS PROGRAM; THE PROGRAM ADMINISTRATORS OF NEW YORK'S 529 COLLEGE SAVINGS PROGRAM; THE PROGRAM MANAGER OR ANY OF THEIR RESPECTIVE AFFILIATES, AGENTS, OR EMPLOYEES, AND ANY THIRD PARTY (COLLECTIVELY, THE "THIRD PARTIES," AND, INDIVIDUALLY, A "THIRD PARTY"), TO ACT HEREUNDER, I HEREBY AGREE THAT ANY THIRD PARTY RECEIVING A DULY EXECUTED COPY OR FACSIMILE OF THIS INSTRUMENT MAY ACT HEREUNDER, AND THAT REVOCATION OR TERMINATION HEREOF SHALL BE INEFFECTIVE AS TO SUCH THIRD PARTY UNLESS AND UNTIL ACTUAL WRITTEN NOTICE OR ACTUAL KNOWLEDGE OF SUCH REVOCATION OR TERMINATION SHALL HAVE BEEN RECEIVED BY SUCH THIRD PARTY AND SUCH THIRD PARTY SHALL HAVE HAD A REASONABLE AMOUNT OF TIME TO ACT ON SUCH NOTICE, AND I FOR MYSELF AND FOR MY HEIRS, EXECUTORS, LEGAL REPRESENTATIVES, AND ASSIGNS, HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS ANY SUCH THIRD PARTY FROM AND AGAINST ANY AND ALL CLAIMS THAT MAY ARISE AGAINST SUCH THIRD PARTY BY REASON OF SUCH THIRD PARTY HAVING RELIED ON THE PROVISIONS OF THIS DURABLE POWER OF ATTORNEY.

I may revoke this Durable Power of Attorney at any time. It will terminate upon my death or other event described in section 5-1511 of the New York General Obligations Law.

		(day)	(month)		(yea	r)						
Signature of Account (	Owner											
(Your signature must be no	otarized and witnessed by two witne	esses.)										
STATE OF	)											
	) ss.:											
	) (if applicable)											
satisfactory evidence t	day ofday of State, personally appeared o be the individual(s) whose native, and that by his/her signatustrument.	ame is subs	cribed to the	within	instrument a	nd ackno	owledg	ged to	me th	at (s)h	e exec	uted th
SIGNATURE												
Signature of Notary Publi	 C											
Notary Public's Name	(first, middle initial, last)											
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Signature															Date	e (moi	nth, i	day,	yeaı	)				
Printed Name (first, middle initial, I	st)																							][
Mailing Address of Witness One																								][
City											Sta	ate			Zip						_			][
Agent Affidavit																								
IMPORTANT INFORMATION RELATIONSHIP IS CREATED BETWEEN YOU ATTORNEY IS TERMINATED OR REVOKED	AND THE $\!P\!$	RINCIF																					Pow	er oi
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(2) Avoid conflicts that would in	AIR YOUR A	ABILITY	/ TO <i>A</i>	ACT IN	тне Б	RIN	CIPAL'	S BES	NI TE	ITERES	ST;													
(3) KEEP THE PRINCIPAL'S PROPERTY	-Parate an	ND DIS	TINCT	FROM	ANY	ASS	ets y	OU 0	WN	OR CO	NTRO	OL, U	INLES	S OT	HERW	/ISE P	ERM	ITTED	BY	LAW	r <b>,</b>			
(4) KEEP A RECORD OF ALL RECEIPTS,	AYMENTS,	and t	RANS	ACTIO	NS CO	NDU	CTED	FOR	THE	Princ	IPAL,	ANE	)											
(5) DISCLOSE YOUR IDENTITY AS AN A "AGENT" IN EITHER OF THE FOLLO																								
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LIABILITY OF AGENT:

The meaning of the authority given to you is defined in New York's General Obligations Law, Article 5, Title 15. If it is found that you have violated the law or acted outside the authority granted to you in the Power of Attorney, you may be liable under the law for your violation.

OR, WHERE THERE ARE NO SUCH INSTRUCTIONS, IN THE PRINCIPAL'S BEST INTEREST. YOU MAY RESIGN BY GIVING WRITTEN NOTICE TO THE PRINCIPAL AND TO ANY CO-AGENT, SUCCESSOR AGENT, MONITOR IF ONE HAS BEEN NAMED IN THIS DOCUMENT, OR THE PRINCIPAL'S GUARDIAN IF ONE HAS BEEN APPOINTED. IF THERE IS

ANYTHING ABOUT THIS DOCUMENT OR YOUR RESPONSIBILITIES THAT YOU DO NOT UNDERSTAND, YOU SHOULD SEEK LEGAL ADVICE.

I, \_\_\_\_\_ and \_\_\_\_\_, the Agent(s) listed in **Section 2** of this instrument, being duly sworn, depose and say that:

I have read this Durable Power of Attorney and am the Agent for the Account Owner listed in **Section 1**. I am authorized to act on behalf of the Account Owner as his/her lawful Agent, with respect to the New York's 529 Advisor-Guided College Savings Program Account(s) listed in **Section 1**, to the extent permitted by law with such authority as set forth in this instrument. I acknowledge my legal responsibilities.

I further acknowledge that New York's 529 Advisor-Guided College Savings Program will treat all transaction requests coming from me as if they had come directly from the Account Owner.

I hereby agree to indemnify and hold New York's 529 Advisor-Guided College Savings Program; the Program Administrators of New York's 529 Advisor-Guided College Savings Program; JP Morgan Distribution Services; Upromise Investments, Inc.; Mellon Bank; or any of their respective affiliates, agents, or employees, and any third party required to act pursuant to this Durable Power of Attorney harmless from acting upon instructions believed to have originated from me and from any and all acts involving the Account(s) covered by this Durable Power of Attorney.

SIGNATURE							
Signature of Agent 1				Date	e (month, day, y	⊥ ∟_	
	be notarized. It is not required that	at the Principal and the Ager	t(s) sian at the		, ,		the same tim
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Notary Public's Name (firs	t, middle initial, last)						
My commission expires:				Nota	ry to Place	Seal Here	
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Date <i>(month, day, year)</i>							
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f applicable for purposes of a	second Agent						
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