

CollegeAdvantage Direct 529 Savings Plan Agent Authorization/Limited Power of Attorney

OHIO TUITION TRUST AUTHORITY
CollegeAdvantage[®]
DIRECT 529 SAVINGS PLAN

- Complete this form to designate a Financial Advisor (*as defined in the CollegeAdvantage Direct 529 Savings Plan Offering Statement and Participation Agreement*) or an individual as your Agent with limited authority to act on your CollegeAdvantage Direct 529 Savings Plan (CollegeAdvantage Direct) Account(s). To grant an Agent complete powers to act on your CollegeAdvantage Direct 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 consult your own attorney 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.CollegeAdvantage.com, or you can call us to order any form—or request assistance in completing this form—at **1-800-AFFORD-IT** (233-6734) Monday through Friday from 8:30 a.m. to 6 p.m. Eastern Time.

Return this form and any other required documents to:

CollegeAdvantage Direct 529 Savings Plan
P.O. Box 219305
Kansas City, MO 64121-9305

For overnight delivery or registered mail, send to:

CollegeAdvantage Direct 529 Savings Plan
2534 Madison Avenue, 3rd Floor
Kansas City, MO 64108

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. THEY ARE EXPLAINED IN CHAPTER 1337 OF THE OHIO REVISED CODE. 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") LIMITED POWERS TO HANDLE YOUR ACCOUNTS WITH THE COLLEGEADVANTAGE DIRECT 529 SAVINGS PLAN, WHICH MAY INCLUDE POWERS TO MAKE INVESTMENT DECISIONS, CONTRIBUTIONS, WITHDRAWALS, AND TAKE OTHER ACTION IN CONNECTION WITH THE COLLEGEADVANTAGE DIRECT 529 SAVINGS PLAN 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 FOR YOUR BENEFIT AND IN ACCORDANCE WITH THE PROVISIONS OF THIS FORM AND MUST KEEP COMPLETE RECORDS OF ALL TRANSACTIONS ENTERED INTO AS YOUR AGENT 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 MAY HAVE OTHER RIGHTS OR POWERS UNDER OHIO LAW NOT SPECIFIED IN THIS FORM.



1. Account Owner information

— —

Social Security Number or Taxpayer Identification Number **(Required)**

— —

Telephone Number *(In case we have a question about your Account.)*

Account Number *(List all that apply. To list more than three Accounts, use a separate copy of this page)*

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2. Agent information

Relationship of Agent to Account Owner *(Check one.)*

Financial Advisor
 Other *(Provide Social Security Number or other Tax ID Number.)*
 — —

Name of Agent *(first, middle initial, last)*

Financial Advisor Firm Name *(If applicable)*

Financial Advisor ID Number *(If applicable)*

Mailing Address

City

State

—

Zip Code

— —

Telephone Number

SIGNATURE

Signature of Agent

— —

Date *(mm/dd/yyyy)*

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.

Initial

Level 1—Account Inquiry Access. To obtain information about my Account(s) and receive duplicate Account statements from CollegeAdvantage Direct.*

Initial

Level 2—Account Inquiry Access, Contributions, and Exchanges. To obtain information about my Account(s) and receive duplicate Account statements from CollegeAdvantage Direct. To contribute money to the above-referenced Account(s) and to move money among Investment Options within each of the above-referenced Account(s).*

Initial

Level 3—Account Inquiry Access, Contributions, Exchanges, and Withdrawals. To obtain information about my Account(s) and receive duplicate Account statements from CollegeAdvantage Direct. 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 Account on my behalf, or
- Transferring assets to a new Account.

4. Signature and notarization — YOU MUST SIGN BELOW

UNLESS YOU DIRECT OTHERWISE, THIS LIMITED POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED OR TERMINATED AS SPECIFIED BELOW. THIS LIMITED POWER OF ATTORNEY WILL CONTINUE TO BE EFFECTIVE EVEN IF YOU BECOME DISABLED, INCAPACITATED, OR INCOMPETENT.

THIS LIMITED 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 LIMITED 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 Ohio Tuition Trust Authority, the Trust, CollegeAdvantage Direct, the Plan Officials (*each as defined in the CollegeAdvantage Direct 529 Savings Plan Offering Statement and Participation Agreement*), 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 CollegeAdvantage Direct, for any and all 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 YOUR OWN ATTORNEY BEFORE SIGNING.

Signature of Account Owner

— —

Date (mm/dd/yyyy)

Your signature must be notarized. See below. We cannot accept a signature guarantee in place of a notary's seal.

STATE OF _____)
)ss.:

COUNTY OF _____)

This document was acknowledged before me on _____ (date) by _____ (*name of Account Owner*), who certifies the correctness of the signature of the Account Owner.

Signature of Notary

— —

Date (mm/dd/yyyy)

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.**

Clear all fields