



UESP ID No. \_\_\_\_\_

Date Received/Initials \_\_\_\_\_

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# Form 710

## Entity Limited Power of Attorney Authorization

### ABOUT THIS FORM

- Use this form to grant an **entity** limited power of attorney authority to obtain information about your selected UESP account(s) and to perform specific acts on your behalf as identified in section 4. You may also submit this form to revoke any limited power of attorney authorization on file with UESP and grant a new entity limited power of attorney authority for the **same** accounts.
- A limited power of attorney authorization allows the entity you designate in section 2 to act as your attorney-in-fact, agent, and authorized representative on your behalf as specified in section 4 of this authorization. However, you will continue to control the account(s) and may perform any of the actions you grant the entity permission to perform.
- To grant an **individual** limited power of attorney authority, complete an Individual Limited Power of Attorney Authorization form (form 810) instead of this form.
- UESP cannot and does not provide legal, financial, or tax advice. Accordingly, you should consult your legal advisor if you have any questions concerning the consequences of submitting this form.

### NEXT STEPS

- An entity must be registered with UESP to be listed in section 2. You must obtain the POA Number from the entity. If the entity has not registered with UESP, the Entity Limited Power of Attorney Registration form (form 700) may be submitted to UESP with this form and the POA Number boxes in section 2 below may be left blank.
- If you execute this limited power of attorney and your email address is provided on this form or is on record with UESP, the delivery method for quarterly account statements and official UESP communications will be set to online for the accounts selected in section 3. If you are a non-Utah resident who receives quarterly account statements online, the Administrative Mail Delivery Fee will be waived. If you later change your delivery method back to mail, the Administrative Mail Delivery Fee will be reinstated.
- A power of attorney authorization shall continue in effect until it is revoked or terminated as specified below.

### SUBMITTING THIS FORM

- Please print clearly—preferably in capital letters, using black or blue ink. To ask questions about completing this form, contact UESP toll-free at 888.529.1886 on business days from 8:00 a.m. to 5:00 p.m., Mountain Time.
- Return this form to: UESP, PO Box 145100, Salt Lake City, UT 84114-5100. For delivery by overnight carrier, send to: UESP, Board of Regents Building, Gateway 2, 60 South 400 West, Salt Lake City, UT 84101-1284. You may also fax this form to 888.529.9197.

## 1 Account Owner/Agent Information

U.S. Social Security Number

OR

Taxpayer Identification Number

Last Name

First Name

Middle Name

Daytime Phone Number

Email Address

## 2 Entity Information

- Complete this section to designate the entity to whom you grant limited power of attorney authority.
- The authority granted under this limited power of attorney authorization may not be assigned or delegated by the entity to another entity, but the entity will designate the person(s) within the entity who are entitled to act on its behalf.
- An entity must be registered with UESP to be listed in this section 2. You must obtain the POA Number from the entity. If the entity has not registered with UESP, the Entity Limited Power of Attorney Registration (form 700) may be submitted to UESP with this form and the POA Number boxes may be left blank.

Complete this section to grant an **entity** limited power of attorney authority.

Entity's Name (please print)

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POA Number

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### 3 UESP Account Selection Information

Complete section 3A or 3B to specify the UESP accounts for which you are granting an entity limited power of attorney authority.

You may only grant one limited power of attorney for all your UESP accounts with the same beneficiary.

#### A. Accounts for All Beneficiaries

Initial in the box at left to grant the entity designated in section 2 limited power of attorney authority for ALL UESP accounts for ALL beneficiaries for which you are currently the account owner/agent. The authorization level you select in section 4 will apply to ALL of your accounts.

Initial after printing

OR

#### B. Accounts for Selected Beneficiaries

Provide beneficiary information below to grant the entity designated in section 2 limited power of attorney authority for all UESP accounts for which you are the account owner/agent for each of the listed beneficiaries.

Beneficiary's Name (Last, First)	Date of Birth (mm/dd/yyyy)	U.S. Social Security Number or Taxpayer Identification Number
Beneficiary's Name (Last, First)	Date of Birth (mm/dd/yyyy)	U.S. Social Security Number or Taxpayer Identification Number
Beneficiary's Name (Last, First)	Date of Birth (mm/dd/yyyy)	U.S. Social Security Number or Taxpayer Identification Number
Beneficiary's Name (Last, First)	Date of Birth (mm/dd/yyyy)	U.S. Social Security Number or Taxpayer Identification Number

If the number of beneficiaries exceeds the space available, attach a separate page showing the information requested in this section for the additional beneficiaries.

### 4 Authorization Level for Limited Power of Attorney

- Complete this section to designate the entity's level of limited power of attorney authority for your UESP accounts selected in section 3.
- You may only designate **one** level of authority for all of the accounts selected in section 3 of this form. To grant a different level of authority for other accounts you own, please complete separate form(s).

The authority granted to the entity is limited to the authority designated in the table below and does not include the following actions:

The entity may not change, add, or delete the following account information:

- Account owner/agent
- Beneficiary
- Primary and/or secondary successors
- Addresses of the owner, beneficiary, or successors

The entity may not take any of the following actions:

- Open a new UESP account on your behalf
- Transfer funds to UESP accounts for which you are not the account owner
- Roll over account funds to another 529 plan

Please initial only ONE level of authority (the lowest level is Level 1, the highest level is Level 3).

	Initial in only ONE box	Obtain Account Information Online or by Phone	Initiate Transactions Online or with Applicable Form			
			Contributions	Investment Option Changes	Transfers Within Your Accounts	Withdrawals
Initial one box after printing <b>Level 1</b> Low (Informational)	<input type="text"/>	Online Only	No	No	No	No
<b>Level 2</b> Medium (Limited)	<input type="text"/>	Online & Phone	Yes	Yes	Yes	No
<b>Level 3</b> High (Limited + Withdrawals)	<input type="text"/>	Online & Phone	Yes	Yes	Yes	Yes—by form only and not online <sup>1</sup>

Check the box at left if you do **NOT** grant the entity access to copies of your 1099-Q tax forms, which are generated and issued by UESP, for the accounts of the beneficiaries designated in section 3. This selection will remain in effect until this Limited Power of Attorney Authorization is either (1) revoked or (2) UESP receives, for the accounts of the beneficiaries designated in section 3, a Limited Power of Attorney Authorization form (form 710 or 810) with a different selection in this box.

**For Utah residents/taxpayers only:** Check the box at left if you do **NOT** grant the entity access to copies of your TC-675H tax forms, which are generated and issued by UESP. Please note that form TC-675H contains aggregated information about contributions, withdrawals, and transfers for ALL accounts you own (not just the accounts of the beneficiaries designated in section 3). This selection will remain in effect until this Limited Power of Attorney Authorization is either (1) revoked or (2) UESP receives, for any account you own, a Limited Power of Attorney Authorization form (form 710 or 810) with a different selection in this box.

1. Withdrawal checks may only be made payable to the account owner, the beneficiary, or an eligible educational institution. UESP will not issue checks to other parties.

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## 4 Authorization Level for Limited Power of Attorney (continued)

In addition to the authority described above:

- The entity can receive a copy of this completed form from UESP.
- For the accounts selected in section 3, the entity can transmit to its third-party agent(s), and/or instruct UESP to transmit to the entity's third-party agent(s) your financial data, including the following: (1) the account number, (2) account owner and beneficiary names and contact information, (3) primary and secondary successor names, (4) transaction history, (5) investment options, (6) account balances, and (7) quarterly statements.

## 5 Account Owner/Agent Signature and Notarization

**Your signature on this form must be notarized and returned to UESP. A signature guarantee in place of a notary's seal will not be accepted.**

*By signing below, I hereby execute this limited power of attorney. I understand, agree, and certify that:*

- I have the power and authority to execute this limited power of attorney authorization.
- I am allowing the entity named in section 2 limited power of attorney authority for my UESP accounts selected in section 3, as described in section 4.
- If my email address is provided on this form or is on record with UESP, the delivery method for quarterly account statements and official UESP communications will be set to online for the accounts selected in section 3. If I am a non-Utah resident who receives quarterly account statements online, the Administrative Mail Delivery Fee will be waived. If I later change the delivery method back to mail, the Administrative Mail Delivery Fee will be reinstated.
- The filing of this limited power of attorney automatically revokes any earlier limited power of attorney authorization on file with UESP for the same UESP accounts covered by this form.
- This limited power of attorney authorization does not impose a duty on the entity to exercise the granted authority; however, when such authority is exercised, the entity will be responsible for any resulting consequences of such actions and will be responsible for maintaining records relating to such actions.
- I will indemnify and hold harmless UESP, the State of Utah, the Utah State Board of Regents, and the Utah Higher Education Assistance Authority and their officials, employees, and agents from and against any and all liability, claims, suits, losses, costs, and legal fees caused by, arising out of, or resulting from acting upon instructions believed by any of them to have originated from the entity to whom I grant limited power of attorney authority, and from all acts of the entity covered by this limited power of attorney authorization.
- This limited power of attorney authorization will remain in effect for my selected UESP account(s) until it is revoked or terminated by any of the following actions:
  - UESP receives a new Limited Power of Attorney Authorization form (form 710 or 810) for account(s) selected in section 3 of this form
  - UESP receives an Entity Limited Power of Attorney Revocation form (form 720) or the limited power of attorney authorization is revoked online at [uesp.org](http://uesp.org)
  - The account owner/agent is changed
  - The account beneficiary is changed
  - The account type is changed
  - UESP receives written notification of my death
- If I become disabled, incapacitated, or incompetent after signing this form, this limited power of attorney authorization will continue in effect until it is revoked or terminated.
- Revocation or termination of the power of attorney due to my death, court determination, or any other reason is not effective as to UESP until UESP receives written notification of the revocation or termination and has had a reasonable amount of time to act on such notice.



\_\_\_\_\_  
Signature of Account Owner/Agent

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Name of Account Owner/Agent (please print)

State of \_\_\_\_\_, in the county of \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_, personally appeared before me, \_\_\_\_\_, proved on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument, and this instrument was acknowledged before me.

Witness my hand and official seal.



\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
My Commission Expires