

Pennsylvania 529 Guaranteed Savings Plan

Limited Power of Attorney/Agent Authorization



Use this form to give an individual, corporation, or other entity that you designate as your agent, limited authority to act on your Pennsylvania 529 Guaranteed Savings Plan (GSP) account(s). To grant an agent complete powers to act on your GSP account(s), complete a Power of Attorney Form.

- Print clearly, preferably in capital letters and black ink.
- You may only designate one level of authorization in **Section 4** for the account(s) listed on this form. To grant a different level of authorization for your other account(s), complete a separate form. Notarization is required only if you are choosing Level 2 or Level 3 access.
- This Limited Power of Attorney/Agent Authorization must be signed by the account owner in **Section 1** and signed and notarized in **Section 4** if choosing level 2 or level 3 access. The agent must complete **Section 5**.
- This Limited Power of Attorney/Agent Authorization may be revoked at any time by submitting a letter of instruction to: **Pennsylvania 529 Guaranteed Savings Plan P.O. Box 55463 Boston, MA 02205-8114**.
- If there is anything about this form that you do not understand, you should ask a lawyer of your own choosing to explain it to you.

Forms can be downloaded from our website at www.PA529.com. Or you can call us toll-free to order any form at **1-800-440-4000**. Return this form and any other required documents to: **Pennsylvania 529 Guaranteed Savings Plan P.O. Box 55463 Boston, MA 02205-8114**. For overnight delivery, mail to the **Pennsylvania 529 Guaranteed Savings Plan 95 Wells Avenue, Suite 155, Newton, MA 02459**.

1. Notice

THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. THIS POWER OF ATTORNEY 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 THIS POWER OF ATTORNEY. YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME INCAPACITATED, UNLESS YOU EXPRESSLY LIMIT THE DURATION OF THESE POWERS OR YOU REVOKE THESE POWERS OR A COURT ACTING ON YOUR BEHALF TERMINATES YOUR AGENT'S AUTHORITY. YOUR AGENT MUST KEEP YOUR FUNDS SEPARATE FROM YOUR AGENT'S FUNDS. A COURT CAN TAKE AWAY THE POWERS OF YOUR AGENT IF IT FINDS YOUR AGENT IS NOT ACTING PROPERLY. THE POWERS AND DUTIES OF AN AGENT UNDER A POWER OF ATTORNEY ARE EXPLAINED MORE FULLY IN 20 P.A.C.S.CH.56. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER OF YOUR OWN CHOOSING TO EXPLAIN IT TO YOU.

Account Owner Signature – You Must Sign Below

I HAVE READ OR HAD EXPLAINED TO ME THIS NOTICE AND I UNDERSTAND IT CONTENTS.

▶ - -

Signature of Account Owner Date (month, day, year)



2. Account Owner Information

Last 4 digits of Social Security Number or Other Taxpayer ID Number

Account Number (List all that apply. To list more than three accounts, use a separate sheet.)

Name of Account Owner (first, middle initial, last)

Permanent Street Address (A P.O. box is **not** acceptable)

City

State

Zip

Best Daytime Telephone Number

Additional Telephone Number (Optional)

3. Agent Information

Note: If your agent is a corporation or other entity, the entity must also complete and submit a GSP Organization Resolution Form.

Name of Agent (Individual, corporation, or other entity)

Social Security Number or Individual Taxpayer Identification Number (EIN if it is an organization)

Address

City

State

Zip

Best Daytime Contact Number

Additional Contact Number (Optional)

Relationship to Account Owner: Advisor Other, If other provide relationship:

4. Authorization and Indemnification

I, the Account Owner listed in **Section 2**, appoint the Agent listed in **Section 3**, as my agent (please **initial** the appropriate level of access that applies to the account(s) listed in **Section 2.**) **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.

Level 1 - Account Inquiry Access. To obtain information about my account(s), and have access to account statements from the GSP. Please note that notarization is not required for this level of access.*

Level 2 – Account Inquiry Access, Contributions, and Exchanges. To obtain information about my account(s), and have access to account statements from the GSP. To contribute money in the above-referenced account(s) and to change tuition levels within each of the above-referenced account(s).* Notarization is required for this level of access.

Level 3 – Account Inquiry Access, Contributions, Exchanges, and Disbursements. To obtain information about my account(s), and have access to account statements from the GSP. To contribute money in the above-referenced account(s) and to change tuition levels within each of the above-referenced account(s). To withdraw, now or in the future, money from the above-referenced account(s) in accordance with procedures established by the GSP.* Notarization is required for this level of access.

** 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 designated beneficiary.
- Signing or e-signing an account application or otherwise opening a new registration on my behalf.
- Transferring assets to a new registration.

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

THIS 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 POWER OF ATTORNEY IS SIGNED AND CONTINUES IN EFFECT UNTIL THE EARLIER OF THE DATE YOU REVOKE IT OR YOUR DEATH.

I agree that any third party who receives a copy of this document may act under it. Revocation or termination due to my death, court determination or any other reason of the power of attorney 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 GSP, The Pennsylvania Treasury Department, the Tuition Account Program Advisory Board, Upromise Investment Advisors, LLC, and any of their respective affiliates, officials, officers, employees, representatives, and agents, and any third party acting hereunder (any of such persons, individually, a "third party") in connection with the GSP, for any 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 A LAWYER KNOWLEDGEABLE IN PENNSYLVANIA LAW RATHER THAN SIGN THIS FORM.

Signature–You Must Sign Below

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Signature of Account Owner

- -

Date (month, day, year)

Signature of Notary Public *Your signature must be notarized. We cannot accept a signature guarantee in place of a notary's seal. (Note that notarization is only required for Level 2 or Level 3 access.)*

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.

Notary to Place Seal Here

Applies to signatures in Section 4.

SIGNATURE

Signature of Notary Public

Name of Notary Public *(first, middle initial, last—please print)*

My commission expires:

____-____-____

Date (month, day, year)

5. Agent Acknowledgement

I, _____, have read the attached power of attorney and am the person identified as the agent for the principal. I hereby acknowledge that in the absence of a specific provision to the contrary in the power of attorney or in 20 PA.C.S.CH.56 when I act as agent:

- I shall exercise the powers for the benefit of the principal.
- I shall keep the assets of the principal separate from my assets.
- I shall exercise reasonable caution and prudence.
- I shall keep a full and accurate record of all actions, receipts and disbursements on behalf of the principal.

Name of Agent (Individual, corporation, or other entity)

SIGNATURE

Signature of Agent

____-____-____

Date (month, day, year)

