

# Agent Authorization/Limited Power of Attorney

- Complete this form to designate an individual, financial advisor, corporation or other entity as your agent with limited authority to act on your CollegInvest Stable Value Plus College Savings Plan account(s).
- 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 3.
- Please note: This form only grants authority to the individual/agent listed. The authority is not extended to the individual/agent’s staff.
- Please contact your attorney if you have questions regarding this form.

Return this form to CollegInvest Stable Value Plus College Savings Plan, 1600 Broadway, Suite 2300, Denver, CO 80202. For questions, please call us at (800) 448-2424 or email [general@collegeninvest.org](mailto:general@collegeninvest.org).

NOTICE: THIS DOCUMENT GIVES YOUR AGENT THE LIMITED POWER TO ACT FOR YOU, WITHOUT YOUR CONSENT, IN ANY WAY THAT YOU COULD ACT FOR YOURSELF. THE LIMITED POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN PART 6 OF ARTICLE 14 OF TITLE 15, COLORADO REVISED STATUTES. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. YOU MAY REVOKE THIS LIMITED POWER OF ATTORNEY IN WRITING AT ANY TIME.

THE PURPOSE OF THIS LIMITED POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (YOUR “AGENT”) BROAD POWERS TO HANDLE YOUR PROPERTY AND AFFAIRS, WHICH MAY INCLUDE POWERS TO PLEDGE, SELL, OR OTHERWISE DISPOSE OF PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY USE. 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 A RECORD OF RECEIPTS, DISBURSEMENTS, AND SIGNIFICANT ACTIONS TAKEN AS AGENT UNTIL YOU REVOKE THIS LIMITED 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 COLORADO LAW NOT SPECIFIED IN THIS FORM.

## 1. Account Owner Information

Name of Account Owner

\_\_\_\_\_

Account Number(s)

\_\_\_\_\_

\_\_\_\_\_

Social Security Number

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

City, State, Zip

\_\_\_\_\_

Primary Phone Number

\_\_\_\_\_

# Agent Authorization/Limited Power of Attorney



## 2. Agent Information

Relationship of Agent to Account Owner

\_\_\_\_\_ Financial Advisor  
\_\_\_\_\_ Other \_\_\_\_\_

Name of Agent \_\_\_\_\_ Social Security Number/Tax ID Number \_\_\_\_\_

Firm Name (if applicable) \_\_\_\_\_ Primary Phone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

## 3. Authorization and Indemnification

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.**

\_\_\_\_\_ **Level 1 – Account Inquiry Access.** To obtain information about my account(s), and receive duplicate annual account statements.

\_\_\_\_\_ **Level 2 – Account Inquiry Access and Disbursement Authorization to Account Owner, Beneficiary or Higher Education Institution.** To obtain information about my account(s), receive duplicate annual account statements, and disburse, now or in the future, money from the above-referenced account(s) to the account owner, beneficiary or higher education institution.\*

\*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).
- Obtain access to online account(s).
- Adding, deleting, or changing any banking information with respect to my account(s).
- Changing the designated beneficiary.
- Signing an account application or otherwise opening a new account on my behalf.
- Transferring assets to a new account.

**Agent Authorization/Limited Power of Attorney**

UNLESS YOU DIRECT OTHERWISE IN WRITING, THIS LIMITED POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED OR TERMINATED IN WRITING. THIS LIMITED POWER OF ATTORNEY WILL CONTINUE TO BE EFFECTIVE IF YOU BECOME DISABLED, INCAPACITATED, OR INCOMPETENT. ABSENT REVOCATION, THE AUTHORITY GRANTED IN THIS POWER OF ATTORNEY IS EFFECTIVE WHEN THIS LIMITED POWER OF ATTORNEY IS SIGNED AND CONTINUED 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 CollegeInvest, the Colorado Department of Higher Education, Nationwide, and their respective affiliates, officers, agents, and employees, and any third party acting hereunder (any of such persons, individually, a "third party") in connection with the CollegeInvest Stable Value Plus College Savings Plan, 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 KNOWLEDGABLE IN COLORADO LAW PRIOR TO SIGNING THIS FORM.

**Signature of Account Owner**

**Date**

\_\_\_\_\_

(If the account owner is a minor, the designated parent or guardian must sign.)

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

\_\_\_\_\_

\_\_\_\_\_

Notary Public's Name (first, middle initial, last)

Notary Seal Here

\_\_\_\_\_

My commission expires:

\_\_\_\_\_