

my529 ID No. _____

Date Received/Initials _____

Date Processed/Initials _____

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 my529 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 my529 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.
- my529 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 my529 to be listed in section 2. You must obtain the LPOA Number from the entity. If the entity has not registered with my529, the Entity Limited Power of Attorney Registration form (Form 700) may be submitted to my529 with this form and the LPOA Number boxes in section 2 below may be left blank.
- 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 my529 toll-free at 888.529.1886 on business days from 7 a.m. to 5 p.m. MT.
- Return this form to: my529, PO Box 145100, Salt Lake City, UT 84114-5100. For delivery by overnight carrier, send to: my529, Utah System of Higher Education Building, Gateway 2, 60 South 400 West, Salt Lake City, UT 84101-1284. You may also fax this form to 888.529.9197.

NOTE: This request may also be submitted online. If you prefer to complete the process electronically, please contact your financial advisor for details.

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 my529 to be listed in this section 2. You must obtain the LPOA Number from the entity. If the entity has not registered with my529, the Entity Limited Power of Attorney Registration (Form 700) may be submitted to my529 with this form and the LPOA 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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LPOA Number

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3 my529 Account Selection Information

Complete section 3A or 3B to specify the my529 accounts for which you are granting an entity limited power of attorney authority. You may grant only one limited power of attorney for all your my529 accounts with the same beneficiary.

A. Accounts for All Beneficiaries (Initial on line at left. e.g., MD)

Initial in the box at left to grant the entity designated in section 2 limited power of attorney authority for ALL my529 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 my529 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 my529 accounts selected in section 3.
- You may designate only **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 my529 account on your behalf
 - Transfer funds to my529 accounts for which you are not the account owner

After printing, please initial only **ONE** level of authority (the lowest level is Level 1, the highest level is Level 3).

Print, then initial on only ONE line (e.g., <u>MD</u>)	Obtain Account Information	Initiate Transactions Online or with Applicable Form			
		Contributions	Investment Option Changes	Transfers Within Your Accounts	Withdrawals
Level 1 Low (Informational) _____	Online/ Phone	No	No	No	No
Level 2 Medium (Limited) _____	Online/ Phone	Yes	Yes	Yes	No
Level 3 High (Limited + Withdrawals) _____	Online/ Phone	Yes	Yes	Yes	Yes ¹

¹Withdrawal checks may be made payable only to the account owner, the beneficiary, or an eligible educational institution. my529 will not issue checks to other parties. Account owners can link a bank account to receive electronic deposits from my529 account withdrawals initiated online by financial advisors.

- 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 my529, 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) my529 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 my529. 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) my529 receives, for any account you own, a Limited Power of Attorney Authorization form (Form 710 or 810) with a different selection in this box.

Continued on Next Page ➡

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 my529.
- For the accounts selected in section 3, the entity can transmit to its third-party agent(s), and/or instruct my529 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 my529. 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 my529 accounts selected in section 3, as described in section 4.
- The filing of this limited power of attorney automatically revokes any earlier limited power of attorney authorization on file with my529 for the same my529 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.
- If I grant Level 2 or Level 3 limited power of attorney authorization, I understand that the entity will be able to add appropriate bank account information and initiate transactions as authorized above between my account(s) at my529 and the bank. I authorize the bank to accept any such credit or debit to my account without responsibility for its correctness.
- I will indemnify and hold harmless my529, 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.
- I understand that if I have listed the address of the entity to whom I am granting limited power of attorney authorization as my mailing and/or physical address, I may no longer receive certain account information directly from my529 because communications from my529 may be sent to that address.
- This limited power of attorney authorization will remain in effect for my selected my529 account(s) until it is revoked or terminated by any of the following actions:
 - The account group becomes closed (i.e., there are no open accounts for the same owner/beneficiary combination for whom the LPOA has been established)
 - my529 receives a new Limited Power of Attorney Authorization form (Form 710 or 810) for account(s) selected in section 3 of this form
 - my529 receives an Entity Limited Power of Attorney Revocation form (Form 720) or the limited power of attorney authorization is revoked online at my529.org
 - The account owner/agent is changed
 - The account type is changed
 - my529 receives written notification of my death
- In addition, this limited power of attorney will also remain in effect for my selected my529 beneficiaries in the event of a name change, merger, or sale of my designated LPOA entity. When a merger or sale of my designated LPOA entity occurs, I must affirmatively notify my529 of my desire to revoke or terminate this limited power of attorney on behalf of the new entity.
- 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 my529 until my529 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

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