GUARANTEED 529 SAVINGS PLAN

For more information visit www.CollegeAdvantage.com or call 1-800-AFFORD-IT (233-6734).

Agent Authorization Form

Complete this form and return to:

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

Instructions:

Complete this form to designate a financial advisor or another individual as your Agent with limited authority to inquire on your CollegeAdvantage Guaranteed 529 Savings Plan Account(s), by phone.

- This Agent Authorization 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.

THE PURPOSE OF THIS AGENT AUTHORIZATION FORM IS TO GIVE THE PERSON YOU DESIGNATE (YOUR "AGENT") THE LIMITED POWER TO OBTAIN ANY INFORMATION BY PHONE REGARDING YOUR ACCOUNTS WITH THE COLLEGEADVANTAGE GUARANTEED 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 AGENT AUTHORIZATION FORM 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.

Account Owner information				L	Account number									(List all that apply. To list more than							
Account Owner's Social Security number or Tax I.D. number							Account number										three Accounts, use a separate copy of this page)				
() – Telephone number (In case we have questions about your Account)						L	Account number														
Agent information																					
Relationship of Agent to A	Account Owne	r (Che	ck one)																	
Financial Advisor	er: Social Security	numbe		ıx I.D.	numt	ber			(🖵 Telep			'				- L					
Agent's first name				M.I.]	La	ast na	ame													
Financial Advisor firm name (If app	olicable)																				
Financial Advisor I.D. number (If a	oplicable)																				
Financial Advisor mailing address																					
City			1 1		<u> </u>			Sta	te		ZI	P co	de								
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3 Authorization level

I, the Account Owner listed in Section 1, appoint the Agent listed in Section 2, as my Agent.

Account Inquiry Access

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From CollegeAdvantage Guaranteed 529 Plan, the authority granted herein is limited to **obtaining account information over the phone.** My Agent shall have no authority to take any other action on the account(s).

Signature and notarization

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

THISAGENT AUTHORIZATION FORM 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 Guaranteed 529 Savings Plan, the Plan Officials (each as defined in the CollegeAdvantage Guaranteed 529 Savings Plan, the Plan Officials (each as defined in the CollegeAdvantage Guaranteed 529 Savings Plan, and employees, and any third party acting hereunder (any of such persons, individually, a "third party") in connection with CollegeAdvantage Guaranteed, for any and all claims that arise against the third party because of reliance on this power of Agent Authorization Form.

Signature required

Print name of Account Owner			
Signature of Account Owner (Required)			Signature date (mm/dd/yyyy)
NOTARY SEAL REQUIRED Your signature must be notarized. See	below. We cannot	accept a signature gua	arantee in place of a notary's seal.
Before me, a Notary Public in and for	County	,, this docu State	ument was acknowledged before me on Date
by Account Owner	who certifie	es the correctness of the	signature above.
Notary Public name		Notary to Pla	ace Seal Here
Notary Public signature			
My commission expires Date			