

CollegeAdvantage Direct 529 Savings Plan

Power of Attorney

OHIO TUITION TRUST AUTHORITY
CollegeAdvantage[®]
DIRECT 529 SAVINGS PLAN

- Complete this form to designate a Financial Advisor (*as defined in the CollegeAdvantage Direct 529 Savings Plan Offering Statement and Participation Agreement*) or individual as your Agent with the complete authority to act on your CollegeAdvantage Direct 529 Savings Plan (CollegeAdvantage Direct) Account(s). To grant an agent limited powers to act on your CollegeAdvantage Direct Account(s) please complete the Agent Authorization/Limited Power of Attorney Form.
- This Power of Attorney 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 with 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.

Return this form and any other required documents to:

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

For overnight delivery or registered mail, send to:

CollegeAdvantage Direct 529 Savings Plan
920 Main Street, Suite 900
Kansas City, MO 64105

NOTICE: UNLESS YOU LIMIT THE POWER IN THIS DOCUMENT, THIS DOCUMENT GIVES YOUR AGENT THE POWER TO ACT FOR YOU, WITHOUT YOUR CONSENT, IN ANY WAY THAT YOU COULD ACT FOR YOURSELF. THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN CHAPTER 1337 OF THE OHIO REVISED CODE. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR ACCOUNTS WITH THE COLLEGEADVANTAGE DIRECT 529 SAVINGS PLAN PURSUANT TO CHAPTER 1337 OF THE OHIO REVISED CODE, WHICH MAY INCLUDE POWERS TO MAKE INVESTMENT DECISIONS, CONTRIBUTIONS, WITHDRAWALS, AND TAKE OTHER ACTION IN CONNECTION WITH THE COLLEGEADVANTAGE DIRECT 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 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 OHIO LAW NOT SPECIFIED IN THIS FORM.



1. Account Owner information

Account Number (*List all that apply. To list more than two Accounts, use a separate copy of this page*)

□□□□ — □□ — □□□□

Social Security Number or Taxpayer Identification Number **(Required)**

□□□□□□□□□□ — □□

□□□□□□□□□□ — □□

□□□

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

□□□□ — □□□□ — □□□□

Telephone Number (*In case we have a question about your Account.*)

2. Agent information

Relationship of Agent to Account Owner (*Check one.*)

Financial Advisor Other (*Provide Social Security number or other Tax ID number.*) □□□ — □□ — □□□□

□□□

Name of Agent (*first, middle initial, last*)

□□□

Financial Advisor Firm Name (*If applicable*)

□□□

Financial Advisor ID Number (*If applicable*)

□□□

Mailing Address

□□□□□□□□□□□□□□□□□□□□ □□ □□□□□□ — □□□□□□

City

State

Zip Code

□□□□ — □□□□ — □□□□

Telephone Number

SIGNATURE _____

Signature of Agent

□□ — □□ — □□□□

Date (*mm/dd/yyyy*)

3. Authorization

I, the Account Owner listed in **Section 1**, appoint the Agent listed in **Section 2**, as my Agent to act for me in any lawful way that I may act with respect to the CollegeAdvantage Direct Account(s) identified in **Section 1**. This includes, but is not limited to:

- Contributing and withdrawing money from any Account listed in **Section 1** in accordance with procedures established by CollegeAdvantage Direct.
- Contributing money owned wholly or partly by me to the above-referenced Account(s) and moving money among Investment Options within each of the above-referenced Account(s).
- Withdrawing, now or in the future, money from the above-referenced Account(s); and otherwise managing and entering into all other lawful transactions with respect to the above referenced Account(s).
- Changing the Beneficiary of any Account listed in **Section 1**.
- Obtaining information about my Account(s) and receiving duplicate statements from CollegeAdvantage Direct.

