

3 Authorization level

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

Account Inquiry Access

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).

4 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.

THIS AGENT 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, *Plan Description and Amended and Restated Terms and Conditions*, and any of their respective affiliates, agents, 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 guarantee in place of a notary's seal.

Before me, a Notary Public in and for _____, _____, this document was acknowledged before me on _____ Date
County State

by _____ who certifies the correctness of the signature above.
Account Owner

Notary Public name

Notary Public signature

My commission expires _____ Date

Notary to Place Seal Here