

# Pennsylvania 529 Investment Plan Power of Attorney Form



**Use this form to give an individual, corporation, or other entity that you designate** as your Agent, complete authority to act on your Pennsylvania 529 Investment Plan Account(s). To grant an Agent limited authority to act on your Pennsylvania 529 Investment Plan Account(s), complete a Limited Power of Attorney/Agent Authorization Form.

- Print clearly, preferably in capital letters and black ink.
- This Power of Attorney must be signed by the account owner in **Section 1** and signed and notarized in **Section 4**. The agent must complete **Section 5**.
- This Power of Attorney may be revoked at any time by submitting a letter of instruction to:  
**Pennsylvania College Savings Program—529 Investment Plan, P.O. Box 55378, Boston, MA 02205-5378.**
- If there is anything about this form that you do not understand, you should ask a lawyer of your own choosing to explain it to you.

Forms can be downloaded from our website at [www.PA529.com](http://www.PA529.com). Or you can call us toll-free to order any form at **1-800-440-4000**. Return this form and any other required documents in the enclosed postage-paid envelope, or mail to: **Pennsylvania College Savings Program—529 Investment Plan, P.O. Box 55378, Boston, MA 02205-5378.**

For overnight delivery, mail to the **Pennsylvania College Savings Program—529 Investment Plan, 95 Wells Avenue, Suite 155, Newton, MA 02459-3204.**

## 1. Notice

THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. THIS POWER OF ATTORNEY 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 THIS POWER OF ATTORNEY. YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME INCAPACITATED, UNLESS YOU EXPRESSLY LIMIT THE DURATION OF THESE POWERS OR YOU REVOKE THESE POWERS OR A COURT ACTING ON YOUR BEHALF TERMINATES YOUR AGENT'S AUTHORITY. YOUR AGENT MUST KEEP YOUR FUNDS SEPARATE FROM YOUR AGENT'S FUNDS. A COURT CAN TAKEAWAY THE POWERS OF YOUR AGENT IF IT FINDS YOUR AGENT IS NOT ACTING PROPERLY. THE POWERS AND DUTIES OF AN AGENT UNDER A POWER OF ATTORNEY ARE EXPLAINED MORE FULLY IN 20 P.A.C.S.CH.56. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER OF YOUR OWN CHOOSING TO EXPLAIN IT TO YOU.

### Account Owner Signature – You Must Sign Below

**I HAVE READ OR HAD EXPLAINED TO ME THIS NOTICE AND I UNDERSTAND IT CONTENTS.**

▶ **S I G N A T U R E**

Signature of Account Owner

□ □ – □ □ – □ □ □ □

Date (month, day, year)



\* P A P O A \*





### 5. Agent Acknowledgement

I, , have read the attached Power of Attorney and am the person identified as the Agent for the principal. I hereby acknowledge that in the absence of a specific provision to the contrary in the Power of Attorney or in 20 PA.C.S.CH.56 when I act as Agent:

- I shall exercise the powers for the benefit of the principal.
- I shall keep the assets of the principal separate from my assets.
- I shall exercise reasonable caution and prudence.
- I shall keep a full and accurate record of all actions, receipts and disbursements on behalf of the principal.

Name of Agent (*Individual, corporation, or other entity*)

▶ **S I G N A T U R E**

**Signature of Agent**

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Date (*month, day, year*)

