

- ▶ Complete this form to authorize Private College 529 Plan to provide an individual with information regarding your Private College 529 Plan account(s). The authorized individual will not be able to transact on the account(s) in any way, and the permission you grant will remain in effect until such time that you revoke the permission by notifying Private College 529 Plan as described below.
- ▶ Upload completed form to access.pc529.com.
- ▶ **Note:** Failure to provide required information may result in a delay of processing your request.
- ▶ **Questions?** Call us at **1-888-718-7878**.

1. ACCOUNT INFORMATION *(This is the current account(s) for which you want to add an Authorized Agent/Interested Party.)*

<input type="text"/>	<input type="text"/>
Account Owner Name <i>(first, MI, last, suffix)</i>	Last 4 Digits of Account Owner's Social Security Number or Taxpayer ID Number
<input type="text"/>	<input type="text"/>
Primary Phone Number	Alternate Phone Number
Beneficiary Name <i>(first, MI, last, suffix)</i>	Account Number <i>(required)</i>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

2. WHAT DO YOU WANT TO DO?

Please select one of the following:

☐ **Add**Designate a new Authorized Agent/
Interested Party.☐ **Update**Change contact information for an
Authorized Agent/Interested Party.☐ **Remove**Delete an Authorized Agent/Interested Party
from your account(s).**3. AUTHORIZED AGENT / INTERESTED PARTY INFORMATION***(Who you want to designate as an Authorized Agent/Interested Party.)*

Please provide information below for the Authorized Agent and/or Interested Party. Check all that apply.

☐ **INTERESTED PARTY**

<input type="text"/>	<input type="text"/>
Name of Interested Party <i>(first, MI, last, suffix)</i>	Interested Party Social Security Number or Taxpayer Identification Number
<input type="text"/>	<input type="text"/>
Mailing Address Line 1 <i>(required)</i>	Mailing Address Line 2
<input type="text"/>	<input type="text"/>
City <i>(required)</i>	State <i>(required)</i>
<input type="text"/>	ZIP Code <i>(required)</i>
<input type="text"/>	<input type="text"/>
Email Address <i>(required)</i>	Primary Phone Number

3. AUTHORIZED AGENT / INTERESTED PARTY INFORMATION *(continued)*

☐ **AUTHORIZED AGENT**

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Name of Authorized Agent *(first, MI, last, suffix)*

**Authorized Agent Social Security Number
or Taxpayer Identification Number**

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Name of Financial Advisor Firm *(if applicable)*

Financial Advisor ID Number *(if applicable)*

Branch Number *(if applicable)*

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Mailing Address Line 1 *(required)*

Mailing Address Line 2

--	--	--

City *(required)*

State *(required)*

ZIP Code *(required)*

--	--

Email Address *(required)*

Primary Phone Number

4. AUTHORIZED AGENT / INTERESTED PARTY ACKNOWLEDGEMENT

I, _____, hereby acknowledge and agree that I have read and understood the Plan Disclosure Statement and enrollment Agreement and that my authority to obtain account information is limited to the account(s) specified in Section 1 and expires automatically upon the Account Owner's death. I agree to notify the Plan upon the Account Owner's death.

Signature of Authorized Agent / Interested Party

Date

5. ACCOUNT OWNER INDEMNIFICATION

I, the Account Owner of the Account(s) listed in **Section 1**, understand that by signing this form, I am authorizing the Plan and the service providers to the Plan to provide the individual listed in **Section 3** the ability to obtain information on the Private College 529 Plan Account(s) listed in **Section 1**. The individual identified in **Section 3** will have the right to access at any time by contacting the Plan directly until such time as the Plan receives and processes a written revocation of this authorization.

I hereby agree to indemnify and hold harmless the Plan and the Plan's service providers from any losses I, the Plan, or the Plan's service providers incur as a result of my Authorized Agent/Interested Party accessing account information and/or incur as a result of the acts or omissions of my Authorized Agent/Interested Party with respect to my Private College 529 Plan Account(s).

6. SIGNATURE & AUTHORIZATION *(This section must be signed by the Account Owner.)*

By signing below, I agree to the terms and conditions set forth below and in the Plan Disclosure Statement and Enrollment Agreement. I understand and agree that these documents govern all aspects of this account and are incorporated herein by reference.

Further, I certify that I am the Account Owner, or I have the authority to act on behalf of the Account Owner, and additionally that:

It is my intent to authorize the Plan's service providers on behalf of the Plan to provide the person listed in Section 3 with the ability to obtain information on the account(s) listed in Section 1. This authorization remains in effect until I die or otherwise revoke it in writing and the revocation is received and processed by the Plan. The authority granted is limited to the account(s) specified above. My Agent/Interested Person shall have no authority to transact on the account(s).

I understand that at any time the value of my account(s) may be more or less than the amounts I contributed to such account(s). All of the information provided by me on this form is, and all information provided by me in the future will be, true, complete and correct. I authorize the Plan to act on my instructions based upon this information. I have received, read and understand this form and the Plan Disclosure Statement, including the Enrollment Agreement. I understand that the Plan Disclosure Statement and Enrollment Agreement may be amended from time to time and I understand and agree that I will be subject to the terms of those amendments. If I am issuing instructions for an account in a representative capacity (e.g., as a Trustee of a Trust or pursuant to a Power of Attorney), I understand and acknowledge that I am assuming any responsibility for any adverse consequences resulting from my instructions. I further agree that neither Private College 529 Plan nor its agents will be liable for any loss, liability, cost or expense for acting upon these instructions, except to the extent required by applicable law.

Signature of Account Owner

Date

NOTARIZATION (ONLY REQUIRED WHEN ADDING OR CHANGING AN AUTHORIZED AGENT)

ALL SECTIONS OF THE NOTARIZATION BELOW MUST BE COMPLETED BY A NOTARY AND BE LEGIBLE

STATE OF _____ SS.

COUNTY OF _____

Be it remembered that on the ____ day of _____,

A.D. 20____, personally appeared _____ signer
and sealer of the foregoing written instrument and acknowledged
the same to be his/her free act and deed.

BEFORE ME,