

Louisiana START K12 Program Power of Attorney



- Complete this form to designate a financial professional, individual, corporation, or other entity as your agent with the complete authority to act on your Louisiana START K12 Program Account(s).
- 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 lawyer 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 **start.laregents.edu**, or you can call us to order any form—or request assistance in completing this form—at **1-855-836-5387** Monday through Friday 7 am - 7 pm CT. Terms used in this form not otherwise defined, have the same meaning as those terms used in the Louisiana START K12 Program Description Booklet.

Return this form and any other required documents to:

**Louisiana START K12 Program
PO Box 219153
Kansas City, MO 64121**

For overnight delivery or registered mail, send to:

**Louisiana START K12 Program
1001 E 101st Terrace, Suite 200
Kansas City, MO 64131**

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. IF YOU WISH TO LIMIT THE POWER OF THE AGENT, PLEASE USE THE LIMITED POWER OF ATTORNEY FORM. THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. FOR POWERS OF ATTORNEY SUBJECT TO LOUISIANA LAW, THEY ARE EXPLAINED IN TITLE XV OF BOOK III OF THE LOUISIANA CIVIL 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 (AGENT) BROAD POWERS TO HANDLE YOUR ACCOUNTS WITH LOUISIANA START K12 PROGRAM PURSUANT TO TITLE 30, SECTIONS 30-5-5-2 THROUGH 30-5-5-19 OF THE LOUISIANA CODE, WHICH MAY INCLUDE POWERS TO MAKE INVESTMENT DECISIONS, CONTRIBUTIONS, WITHDRAWALS, AND TAKE OTHER ACTION IN CONNECTION WITH YOUR ACCOUNT(S) 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 APPLICABLE STATE LAW NOT SPECIFIED IN THIS FORM.



Account Number (List all that apply. To list more than two Accounts, use a separate sheet.)

- -

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

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

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

Note: If your Agent is a corporation or other entity, the entity must also complete and submit an Louisiana START K12 Program **Organization Resolution Form**.

☐ Financial Professional ☐ Other (Provide Social Security number or other Tax ID number.) - -

[illegible]

Name of Agent (first, middle initial, last)

[illegible]

Financial Advisor Firm Name (If applicable)

[illegible]

Financial Advisor ID Number (If applicable)

[illegible]

Mailing Address

[illegible]

City

State

Zip Code

$$\square\square\square - \square\square\square - \square\square\square\square$$

Telephone Number

SIGNATURE

Signature of Agent

$$\boxed{}\boxed{} - \boxed{}\boxed{} - \boxed{}\boxed{}\boxed{}\boxed{}$$

Date (mm/dd/yyyy)

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 Louisiana START K12 Program 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 Louisiana START K12 Program
- 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**.
- Receiving duplicate statements from Louisiana START K12 Program.

4. Signature and notarization—YOU MUST SIGN BELOW

UNLESS YOU DIRECT OTHERWISE, THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED OR TERMINATED AS SPECIFIED BELOW. THIS POWER OF ATTORNEY WILL CONTINUE TO BE EFFECTIVE EVEN IF YOU BECOME DISABLED, INCAPACITATED, OR INCOMPETENT. THIS POWER OF ATTORNEY MAY BE REVOKED BY YOU AT ANY TIME. ABSENT REVOCATION, THE AUTHORITY GRANTED IN THIS POWER OF ATTORNEY IS EFFECTIVE WHEN THIS 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 Plan Officials (any of such persons, individually, a "third party") in connection with Louisiana START K12 Program, for any claims that arise against the third party because of reliance on this power of attorney.

IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, CONSULT YOUR LAWYER BEFORE SIGNING.

SIGNATURE

Signature of Account Owner

$$\boxed{}\boxed{} - \boxed{}\boxed{} - \boxed{}\boxed{}\boxed{}\boxed{}$$

Date (mm/dd/yyyy)

Your signature must be notarized. See below. We cannot accept a signature guarantee in place of a notary's seal.

STATE OF _____)

)SS.:

COUNTY OF _____)

This document was acknowledged before me on _____ (date) by _____
(name of Account Owner), who certifies the correctness of the signature of the Account Owner.

SIGNATURE _____

Signature of Notary

$$\square\square - \square\square - \square\square\square\square$$

Date (mm/dd/yyyy)

[illegible]

Name of Notary (first, middle initial, last)

My commission expires:

$$\boxed{}\boxed{} - \boxed{}\boxed{} - \boxed{}\boxed{}\boxed{}\boxed{}$$

Date (mm/dd/yyyy)

Notary to place seal here

Applies to signature in **Section 4**.

Note: Notary Stamp cannot be faxed to Louisiana START K12 Program.



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