

Louisiana START K12 Program

Agent Authorization / Limited Power of Attorney



- Complete this form to designate a financial professional, individual, corporation, or other entity as your agent with limited authority to act on your Louisiana START K12 Program Account(s). To grant an agent complete powers to act on your Account(s), please complete the **Power of Attorney Form**.
- You may only designate one level of authorization in **Section 3** for the Account(s) listed on this form. To grant a different level of authorization for your other Account(s), please complete a separate form.
- This **Agent Authorization/Limited 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 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. THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. FOR LIMITED POWERS OF ATTORNEY SUBJECT TO LOUISIANA LAW, THEY ARE EXPLAINED IN TITLE XV OF BOOK III OF THE LOUISIANA 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) LIMITED POWERS TO HANDLE YOUR ACCOUNTS WITH LOUISIANA START K12 PROGRAM, 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 APPLICABLE STATE LAW 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.



* L A K - 1 2 A G E N T A U T H / L P O A *

1. Account Owner information

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

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

2. Agent information

Note: If your Agent is a corporation or other entity, the entity must also complete and submit an **Organization Resolution Form**. Only complete the information below if you want to add a financial professional or other entity to your Account or replace the existing financial professional or other entity on your Account.

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

Name of Agent (*first, middle initial, last*) or Corporation/other entity name if adding an Organization Resolution Form



Financial Professional IARD Number (If applicable)

□ □ □ □ □ — □ □ □ □ □

Zip Code

Telephone Number

3. Authorization level

I, the Account Owner listed in **Section 1**, appoint the Agent listed in **Section 2**, as my Agent with the authority indicated below *(please initial the appropriate level of access that applies to the Account(s) listed in **Section 1**)*.

Note: If you have more than one Account and you wish to designate different levels of access for your different Account(s), complete a separate form for each Account.

INITIALS
Initials

Level 1 — Account Inquiry Access. To obtain information about my Account(s), and receive duplicate Account statements.*

INITIALS
Initials

Level 2 — Account Inquiry Access, Contributions, and Exchanges. To obtain information about my Account(s), and receive duplicate Account statements. To contribute money to the above-referenced Account(s) and to move money among Investment Options within each of the above-referenced Account(s).*

INITIALS
Initials

Level 3 — Account Inquiry Access, Contributions, Exchanges, and Disbursements. To obtain information about my Account(s), and receive duplicate Account statements. To contribute money to the above-referenced Account(s) and to move money among Investment Options within each of the above-referenced Account(s). To withdraw, now or in the future, money from the above-referenced Account(s).*

* The authority granted herein is limited to the level of authority specified above. My Agent shall have no authority to take any other action, including, but not limited to:

- Changing the address of record on my Account(s),
- Adding, deleting, or changing any banking information with respect to my Account(s),
- Changing the Beneficiary,
- Signing an Account application or otherwise opening a new Account on my behalf, or
- Transferring assets to a new Account.

4. Signature and notarization—YOU MUST SIGN BELOW

UNLESS YOU DIRECT OTHERWISE, THIS LIMITED POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED OR TERMINATED AS SPECIFIED BELOW. THIS LIMITED POWER OF ATTORNEY WILL CONTINUE TO BE EFFECTIVE EVEN IF YOU BECOME DISABLED, INCAPACITATED, OR INCOMPETENT.

THIS LIMITED 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 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 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

- -
 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

□□ — □□ — □□□□
Date (mm/dd/yyyy)

Name of Notary (first, middle initial, last)

My commission expires:

– –
 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.