



# ScholarShare College Savings Plan

## Authorization to Receive or View Account Information

**Questions?** Call toll-free 1.800.544.5248

Or write to the Plan at P.O. Box 219185 Kansas City, MO 64121-9185

Visit [www.ScholarShare529.com](http://www.ScholarShare529.com)

### Instructions

- Use this form to authorize someone other than you to be your agent who may (i) call the Plan to receive information about your Plan Account(s), (ii) receive duplicates of your confirmations and/or Account statements, and/or (iii) request the transfer of existing assets among investment portfolios in your Plan Account(s). Please use sections 2 and 4.
- You may also use this form to authorize your registered investment adviser, registered investment advisory firm and /or broker dealer (collectively referred to as "Financial Advisor" throughout this form) to have limited access to your Plan Account(s), and/or to view certain information about your Plan Account(s), through a service provided by a third-party data service provider that is not affiliated with the Plan. **If you are authorizing a Financial Advisor, please skip section 2, and complete section 3 and section 4.**
- Print in capital letters with blue or black ink.
- Mail the completed form to: ScholarShare College Savings Plan, P.O. Box 219185, Kansas City, MO 64121-9185
- Forms may be downloaded at the Plan's web site at [www.ScholarShare529.com](http://www.ScholarShare529.com) or you may call the Plan toll-free at 1.800.544.5248 to order forms, perform certain account transactions, or to get help completing a form.

**1. Account Information** *(This information is required. Please attach a separate sheet for additional account numbers and Beneficiaries, if necessary.)*

Participant Name (First, MI, Last, Suffix)	Daytime Telephone Number
Plan Account Number (Provide any one from your statement)	Beneficiary Name (First, MI, Last)
Plan Account Number (Provide any one from your statement)	Beneficiary Name (First, MI, Last)
Plan Account Number (Provide any one from your statement)	Beneficiary Name (First, MI, Last)

**2. Agent/Interested Person Authorization** *(You must provide all requested information.)* Complete this section to authorize someone other than a Financial Advisor to (i) call the Plan to receive information about your Plan Account(s), (ii) receive duplicates of your confirmations and/or Account statements, and/or (iii) request the transfer of existing assets among investment portfolios in your Plan Account(s). You must complete section 4 to indicate what level of authority/permission you are granting to your agent/interested person.

Name (First, MI, Last, Suffix)
Street Address
City, State, Zip
Daytime Telephone Number



## 5. Indemnification

*I, the Participant listed in Section 1, authorize the Agent/Interested Person named in Section 2, as my Agent/Interested Person for the limited purposes I indicated in Section 4 and only for the Account(s) listed in Section 1. Neither the Agent/Interested Person identified in Section 2, nor the Financial Advisor named on Section 3 shall have any authority to take any action or receive any information about my Account(s) other than as specifically set forth in this form. I understand that by signing this form, I am authorizing the Plan and the service providers to the Plan to provide my Agent/Interested Person, or Financial Advisor, based on the option I selected in Section 2 or 3 with information about my Account(s) listed in Section 1, to receive duplicate confirmations and/or Account statements for my Account(s) listed in Section 1, and/or to request my transfer of existing assets among investment portfolios up to twice per year in each of my Plan Account(s) listed in Section 1.*

*I hereby agree to indemnify and hold harmless the Plan and the Plan's service providers from any losses that I, the Plan, or the Plan's service providers incur as a result of acting on the authorization in Section 4, and/or incur as a result of the acts or omissions of my Agent/Interested Person or Financial Advisor, with respect to my ScholarShare Account(s). If I, the Participant, identified and authorized a Financial Advisor in section 3 to view certain information about my Account(s), I hereby agree to indemnify and hold harmless the Plan and the Plan's service providers from any losses that I, my Financial Advisor, the Plan, or the Plan's service providers incur that result from the use of this service, including, but not limited to any losses that may result from inaccurate information about my Account(s) viewed through the use of that service.*

## 6. Signature of Participant *(The Participant must sign below.)*

By signing below, I acknowledge and agree to the following:

- This authorization remains in effect until I revoke it in writing and the revocation is received, in good order, by the Plan.
- The authority granted is limited to the Account(s) and the level of authority specified above in section 4. Neither my Agent/Interested Person nor Financial Advisor shall have authority to take any action or receive any information other than that indicated in Section 4.
- By signing this form, I authorize the Plan's service providers on behalf of the Plan to provide the person listed in Section 2 or 3 with the level of authority granted by me in Section 4.
- By signing this form, you understand and agree that your authorized Financial Advisor listed in section 3 may separately identify and request that certain designates of the firm can exercise the authority you have granted in section 4 of this form on their behalf. You also acknowledge and agree that the plan's service provider has the sole discretion to not allow such designates.
- If I authorized my Financial Advisor to view certain information about my Account through a third-party data provider that is not affiliated with the Plan, I acknowledge and agree that this service is provided only as a convenience for brokers and advisors, personally identifiable information about me and my Account may be viewed, that the Plan and its service providers are not responsible or liable for any information provided through this service, and that this service may no longer be available if the Plan changes service providers. I further acknowledge that this service may give my Financial Advisor the ability to download my Account information, but will not allow him/her to make changes to my Account or enter Account transaction requests.

\_\_\_\_\_  
Signature of Account Owner

\_\_\_\_\_  
Date

Mail this form to: ScholarShare College Savings Plan P.O. Box 219185

Kansas City, MO 64121-9185

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