



## The Vanguard 529 College Savings Plan

# Agent Authorization/Limited Power of Attorney

- Complete this form to designate a financial advisor, individual, corporation, or other entity as your agent with limited authority to act on your account(s) in The Vanguard 529 College Savings Plan. To grant an agent complete powers to act on your account(s) in The Vanguard 529 College Savings Plan, 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 3**.
- Proposed transactions must be completed within 60 days of notary date.
- If there is anything about this form that you don't understand, you should ask a lawyer of your own choosing to explain it to you.
- Print clearly, preferably in capital letters and black ink.
- This authority does not extend to online access of this account through [vanguard.com](http://vanguard.com). Only the registered account owner of the 529 plan has this permission.

Forms can be downloaded from our website at [vanguard.com/serviceforms](http://vanguard.com/serviceforms). Or you can call us toll-free to order any form at **866-734-4530** on business days from 8 a.m. to 8 p.m., Eastern time. Return this form and any other required documents in the enclosed postage-paid envelope, or mail to **The Vanguard 529 College Savings Plan, P.O. Box 55111, Boston, MA 02205-5111**. For overnight delivery or registered mail, send to **The Vanguard 529 College Savings Plan, 95 Wells Avenue, Suite 155, Newton, MA 02459-3204**.

NOTICE: THIS DOCUMENT GIVES YOUR AGENT THE LIMITED POWER TO ACT FOR YOU, WITHOUT YOUR CONSENT, IN ANY WAY THAT YOU COULD ACT FOR YOURSELF. THE LIMITED POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. YOU MAY REVOKE THIS LIMITED POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

THE PURPOSE OF THIS LIMITED POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY AND AFFAIRS, WHICH MAY INCLUDE POWERS TO PLEDGE, SELL, OR OTHERWISE DISPOSE OF PERSONAL PROPERTY 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 A RECORD OF RECEIPTS, DISBURSEMENTS, AND SIGNIFICANT ACTIONS TAKEN AS AGENT. UNTIL YOU REVOKE THIS LIMITED 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 NEVADA LAW NOT SPECIFIED IN THIS FORM.



VGI LIMITED POA

## 1. Account owner information

Last four digits of Social Security number or other taxpayer ID number
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**Account number(s)** *List all that apply. To list more than three accounts, use a separate sheet.*

Account number
Account number
Account number

Name of account owner <i>first, middle initial, last</i>		
Permanent street address or APO/FPO <i>A P.O. box or rural route is <b>not</b> acceptable.</i>		
City	State	Zip
Daytime phone <i>area code, number, extension</i>	Evening phone <i>area code, number, extension</i>	
Mobile	Mobile	

## 2. Agent information

**Note:** If your agent is a corporation or other entity, the entity must also complete and submit an *Organization Resolution* form for The Vanguard 529 College Savings Plan.

Relationship of agent to account owner <i>Check one.</i> <input type="checkbox"/> Financial advisor <input type="checkbox"/> Other <i>Provide Agent Social Security number or other tax ID number</i>	Social Security number or other taxpayer ID number
Name of agent <i>financial advisor/other</i>	
Financial advisor firm name <i>if applicable</i>	
Financial advisor ID number <i>if applicable</i>	
Mailing address	
City	State      Zip
Daytime phone <i>area code, number, extension</i>	

### 3. Authorization and indemnification

**This authority does not extend to online access of this account through [vanguard.com](http://vanguard.com). Only the registered account owner of the 529 plan has this permission.**

I, the account owner listed in **Section 1**, appoint the Agent listed in **Section 2**, as my agent.

**Put your initials in one of the boxes below.**

Please initial a box below to indicate the appropriate level of access that applies to the account(s) listed in **Section 1**.

Don't put an "x" or checkmark in the box.

**Important:** If you have more than one account and you wish to designate different levels of access for your different accounts, complete a separate form for each account.

**Select one level and initial the corresponding box.**

Initials	<b>Level 1–Account inquiry access.</b> To obtain information about my account(s) and receive duplicate account statements from The Vanguard 529 College Savings Plan.*
Initials	<b>Level 2–Account inquiry access, contributions, and exchanges.</b> To obtain information about my account(s) and receive duplicate account statements from The Vanguard 529 College Savings Plan. To contribute money in the above-referenced account(s) and to move money among investment options within each of the above-referenced account(s).*
Initials	<b>Level 3–Account inquiry access, contributions, exchanges, and disbursements.</b> To obtain information about my account(s) and receive duplicate account statements from The Vanguard 529 College Savings Plan. To contribute money in 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).*

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 Vanguard 529 College Savings Plan; the Nevada System of Higher Education; Ascensus Broker Dealer Services, Inc.; The Vanguard Group, Inc.; any of their respective affiliates, agents, and employees; and any third party acting hereunder (any of such persons, individually, a "third party") in connection with The Vanguard 529 College Savings Plan, 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 DON'T UNDERSTAND, CONSULT A LAWYER KNOWLEDGEABLE IN NEVADA LAW RATHER THAN SIGN THIS FORM.

\*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 designated beneficiary,
- Signing or e-signing an account application or otherwise opening a new registration on my behalf, or
- Transferring assets to a new registration.

Signature of account owner <b>X</b>	Today's date <i>mm dd yyyy</i> M   M   -   D   D   -   Y   Y   Y   Y
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(Proposed transaction must be completed within 60 days of notary date. Your signature must be notarized. See below. We cannot accept a signature guarantee in place of a notary's seal.)

State of	and	County of
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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 of notary public <b>X</b>	Today's date <i>mm dd yyyy</i> M   M   -   D   D   -   Y   Y   Y   Y
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Notary public's name <i>first, middle initial, last</i>	Notary to place seal here
My commission expires <i>mm/dd/yyyy</i>	