



*Lynn Fitch*  
 STATE TREASURER  
 COLLEGE SAVINGS MISSISSIPPI  
 | MACS |

**Mississippi Affordable College Savings Program**  
**Authorized Agent/Interested Person Form**  
**Questions?** Call toll-free 1.888.486.3670  
 Or write to the Plan at P.O. Box 55037 Boston, MA 02205-5037  
 Visit [www.MS529.com](http://www.MS529.com)

**Instructions**

- Use this form to authorize someone to be your Agent/Interested Person 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 annual transfer of existing assets among investment options in your Plan Account(s).
- Print in capital letters with blue or black ink.
- Mail the completed form to: Mississippi Affordable College Savings Program PO Box 55037 Boston, MA 02205-5037.
- A notarization is required under Section 5 must accompany this form in order for the Plan to process your request.
- Forms may be downloaded at the Plan's web site at [www.MS529.com](http://www.MS529.com) or you may call the Plan toll-free at 1.888.486.3670 to order forms, perform certain account transactions, or to get help completing a form.

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

Account Owner Name (First, MI, Last, Suffix),	Contact Telephone Number
Account Number (Refer to your Account Statement)	Beneficiary Name (First, MI, Last)
Account Number (Refer to your Account Statement)	Beneficiary Name (First, MI, Last)
Account Number (Refer to your Account Statement)	Beneficiary Name (First, MI, Last)

**2. Agent/Interested Person's Information** *(You must provide all requested information.)*

Name	
Address	
City, State, Zip	
Contact Telephone Number	Ext.
Social Security Number	

**3. Authorization** *(Please specify level of access.)*

I authorize the Mississippi Affordable College Savings Program to allow the Agent/Interested Person appointed by me in Section 2 to do the following:

- Call the Plan to request information regarding my Plan Account(s) listed in Section 1.
- Receive duplicates of the following documents related to my Plan Account(s) listed in Section 1.  
**(Please check only one box.)**
  - Confirmations                       Account Statements                       Both Confirmations and Account Statements
- Request the once per year annual transfer of existing assets among investment options in each of my Plan Account(s) listed in Section 1.

Note: To authorize different levels of authority for each/any of the Accounts listed in Section 1, please complete a separate form for each Account.

#### 4. Indemnification

I, the Account Owner listed in Section 1, authorize the Agent/Interested Person listed in Section 2, as my Agent/Interested Person for the limited purposes I indicated in Section 3 and only for the Account(s) listed in Section 1. The Agent/Interested Person identified in Section 2 shall have no 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 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 once per year annual transfer of existing assets among investment options 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 I, the Plan, or the Plan's service providers incur as a result of acting on the authorization in Section 3 and/or incur as a result of the acts or omissions of my Agent/Interested Person with respect to my Mississippi Affordable College Savings Program Account(s).

#### 5. Signature of Account Owner *(The Account Owner 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 by the Plan.
- The authority granted is limited to the Account(s) and the level of authority specified above. My Agent/Interested Person shall have no authority to take any action or receive any information other than that indicated in Section 3.
- By signing this form, I authorize the Plan's service providers on behalf of the Plan to provide the person listed in Section 2 with the level of authority granted by me in Section 3.

\_\_\_\_\_

*Signature of Account Owner*

*Date (MM/DD/YYYY)*

#### Notary

##### ACKNOWLEDGMENT

State of Mississippi

County of \_\_\_\_\_)

On \_\_\_\_\_ before me, \_\_\_\_\_  
(insert name and title of the officer)

personally appeared \_\_\_\_\_,  
(insert name)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of Mississippi that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

\_\_\_\_\_  
Signature of Notary Public (Notary Seal)



#### Mail this form to:

Mississippi Affordable College Savings Program  
P.O. Box 55037  
Boston, MA 02205-5037

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