The Education Plan®

Registered Investment Advisor Authorization

The Education Plan®
A little today goes a long way

- Complete this form to designate or change a Registered Investment Advisor (RIA) on your account in The Education Plan (Account).

- You may designate only one level of authorization.

- 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 listed. Do not staple.

Forms can be downloaded from our website at **theeducationplan.com**, or you can call us to order any form — or request assistance in completing this form — at **1.877.337.5268**, Monday to Friday 8 a.m. to 7 p.m. MT.

1.877.337.5268
Monday to Friday 8 a.m. to 7 p.m. MT

theeducationplan.com

FAX **617.559.8953**

Regular mailing address:
The Education Plan
PO Box 219331
Kansas City, MO 64121-9331

Overnight mailing address:
The Education Plan
920 Main Street, Suite 900
Kansas City, MO 64105-2017

1 Account Owner Information

☐☐☐ — ☐☐ — ☐☐☐☐
Social Security Number

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Account Number(s) *(To list more than six Accounts, use a separate sheet.).*

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Name of Account Owner

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Telephone Number

2 Registered Investment Advisor (RIA) Information

Note: If your Agent is a corporation or other entity, the entity must also complete and submit a The Education Plan **Organization Resolution Form**.

Only complete the information below if you want to add an RIA to your Account or replace the existing RIA on your Account.

Name of RIA *(first, middle initial, last)*

Firm Name *(if applicable)*

IARD Number

Mailing Address

City   State   Zip Code

Telephone Number

3 Authorization Level

I, the Account Owner listed in **Section 1**, appoint the RIA and their firm listed in **Section 2** to act on my behalf as 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 other Account(s), complete a separate form for each Account.

Initial **Level 1 — Account Inquiry Access**. Authorized to obtain information about my Account(s); change my address of record and receive duplicate Account statements.*

Initial **Level 2 — Account Inquiry Access, Contributions, and Exchanges**. Authorized to obtain information about my Account(s); change my address of record; receive duplicate Account statements; add or update my bank information; make a contribution and change Investment Options for each of the above-referenced Account(s).*

Initial **Level 3 — Account Inquiry Access, Contributions, Exchanges, and Withdrawals**. Authorized to obtain information about my Account(s); change my address of record; receive duplicate Account statements; add or update my bank information; make a contribution; change Investment Options and withdraw from the above-referenced Account(s).*

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

- Adding or changing the Successor Account Owner
- Establishing or re-establishing convenience services such as telephone and online capabilities on my account(s),
- Changing the Designated Beneficiary,
- Signing an **Account Application** or otherwise opening a new registration on my behalf, or
- Transferring assets to a new registration.

I ACKNOWLEDGE AND ACCEPT MY AUTHORITY TO ACCESS AND PERFORM TRANSACTIONS ON THE EDUCATION PLAN ACCOUNT(S) ON BEHALF OF THE ACCOUNT OWNER LISTED IN **SECTION 1** OF THIS FORM IN ACCORDANCE WITH THE AUTHORIZATION LEVEL SELECTED ABOVE.

SIGNATURE

Signature of RIA   Date *(mm/dd/yyyy)*

4 | Signature —YOU MUST SIGN BELOW

BY SIGNING BELOW, I HEREBY ACKNOWLEDGE MY APPOINTMENT OF THE INDIVIDUAL LISTED IN **SECTION 2** OF THIS FORM AS MY REGISTERED INVESTMENT ADVISOR (RIA). I ACKNOWLEDGE THAT THE DESIGNATED RIA HAS BEEN EMPOWERED TO ACT ON MY BEHALF, WITH RESPECT TO MY ACCOUNTS IN THE EDUCATION PLAN, UNDER A SEPARATE AGREEMENT WITH THE LISTED BROKER/DEALER FIRM. SUCH AGREEMENT AUTHORIZES MY RIA TO ACT ON MY BEHALF TO THE EXTENT OF THE AUTHORIZATION LEVEL INDICATED IN **SECTION 3** OF THIS FORM. MY RIA'S AUTHORITY DOES NOT INCLUDE TRANSFERRING OWNERSHIP OF UNITS, CHANGING THE DESIGNATED BENEFICIARY, SUCCESSOR ACCOUNT OWNER OR SUCCESSOR RESPONSIBLE INDIVIDUAL OR ESTABLISHING OR RE-ESTABLISHING CONVENIENCE SERVICES.

I certify that I have read and understand, consent, and agree to all the terms and conditions of the Plan Description and Participation Agreement and understand the rules and regulations governing The Education Trust Board of New Mexico.

SIGNATURE

Signature of Account Owner

Date *(mm/dd/yyyy)*