

- ▶ Complete this form to authorize an individual as an interested party to receive duplicate Financial Statements and/or as an Authorized Agent with limited authority to access and act on your account(s).
- ▶ **Note:** Failure to provide required information may result in a delay of processing your request.
- ▶ You may designate only **one** individual as an Authorized Agent and/or any number of individuals as an Interested Party.
- ▶ **Questions?** Visit www.vheip.org or call us at **1-800-637-5860**.

1. ACCOUNT INFORMATION

(This is the current VHEIP account(s) for which you want to add an Authorized Agent/Interested Party.)

Account Owner Name *(First, MI, Last, Suffix)*

Account Owner Last 4 Social Security Number or
Taxpayer Identification Number

Primary Phone Number

Alternate Phone Number

Beneficiary Name *(First, MI, Last, Suffix)*

Account Number *(Required)*

2. WHAT DO YOU WANT TO DO?

Please select one of the following:

Add

Designate a new
Authorized Agent/
Interested Party.

Update

Change contact information and/or
authorization levels for an Authorized
Agent/Interested Party.

Remove

Delete an Authorized
Agent/Interested Party
from your account(s).

3. AUTHORIZED AGENT / INTERESTED PARTY INFORMATION

(Who you want to designate as an Authorized Agent/Interested Party.)

Please provide information below:

Relationship to the Account Owner *(Select one):*

Financial Advisor

Other _____

Name of Agent (First, MI, Last)

Agent Signature (Required)

Agent Social Security Number or Taxpayer Identification Number

Primary Phone Number

Name of Financial Advisor Firm (If applicable)

Financial Advisor ID Number (If applicable)

Branch Number (If applicable)

Mailing Address (Required)

City

State

Zip Code

4. AUTHORIZATION LEVELS (Specify the level of access your Authorized Agent/Interested Party will have.)

Please select the appropriate level of access for the account(s) listed in **Section 1** and the individual listed in **Section 3**.

Interested Party

Level 0 – Duplicate copy of all Financial Statements only.

Authorized Agent

Level 1 – Obtain information on my specified account(s).

Check here for duplicate copy of all Financial Statements as well.

Level 2 – Obtain information, make contributions, change Future Allocations, or request a Rebalance for my specified account(s).

Check here for duplicate copy of all Financial Statements as well.

Level 3 – Obtain information, make contributions, change Future Allocations, request a Rebalance, or request a Withdrawal for my specified account(s).

Check here for duplicate copy of all Financial Statements as well.

Level 4 – Obtain information, make contributions, change Future Allocations, request a Rebalance, request a Withdrawal, manage banking and payment information, or change the Account Owner or Beneficiary's contact information for my specified account(s).

Check here for duplicate copy of all Financial Statements as well.

5. AGENT ACKNOWLEDGEMENT

I, _____, hereby acknowledge and agree that I have read and understood the Plan Disclosure and Participation Agreement and that I may only exercise the level of authority granted by the Account Owner in **Section 4** and, further, that said authority is limited to the account(s) specified in **Section 1** and expires automatically upon the Account Owner's death. I agree to notify the Plan upon the Account Owner's death.

Signature of Agent

Date

6. ACCOUNT OWNER INDEMNIFICATION

I, the Account Owner of the Account(s) listed in **Section 1**, grant the individual listed in **Section 3** the authority to exercise the authority level established in **Section 4** on the listed Account(s). The individual identified in **Section 3** shall have no authority to take any other action 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 the individual listed in **Section 3** with the level of access and authority established in **Section 4**. The individual identified in **Section 3** will have the right to exercise the level of access and authority granted by me in **Section 4** at any time without my consent until such time as my written revocation has been received and processed by the Plan.

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 my Authorized Agent/Interested Party exercising the level of authority granted in **Section 4** and/or incur as a result of the acts or omissions of my Authorized Agent/Interested Party with respect to my Vermont Higher Education Investment Plan account(s).

7. SIGNATURE & AUTHORIZATION *(This section must be signed by the Account Owner.)*

By signing below, I am agreeing to the terms and conditions set forth below and in the Disclosure Booklet and Participation Agreement. I understand and agree that these documents govern all aspects of this account and are incorporated herein by reference.

Further, I certify that I am the Account Owner, or I have the authority to act as the Account Owner, and additionally that:

It is my intent to authorize the Plan's service providers on behalf of the Plan to provide the person listed in Section 3 with the level of authority granted by me in Section 4. This authorization remains in effect until I die or otherwise revoke it in writing and the revocation is received and processed 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 4.

I understand that at any time the value of my account(s) may be more or less than the amounts I contributed to such account(s). All of the information provided by me on this form is, and all information provided by me in the future will be, true, complete and correct. I authorize the Plan to act on my instructions based upon this information. I have received, read and understand this form and the Disclosure Booklet, including the Participation Agreement. I understand that the Vermont Student Assistance Corporation may from time to time amend the Disclosure Booklet and Participation Agreement and I understand and agree that I will be subject to the terms of those amendments. If I am issuing instructions for an account in a representative capacity (e.g., as a Trustee of a Trust or pursuant to a Power of Attorney), I understand and acknowledge that I am assuming any responsibility for any adverse consequences resulting from my instructions. I further agree that neither VHEIP nor its agents will be liable for any loss, liability, cost or expense for acting upon these instructions, except to the extent required by applicable law.

Signature of Account Owner

Date

NOTARIZATION *(ONLY REQUIRED WHEN ADDING OR CHANGING AN AUTHORIZED AGENT)*

ALL SECTIONS OF THE NOTARIZATION BELOW MUST BE COMPLETED BY A NOTARY AND LEGIBLE

STATE OF _____ ss.

COUNTY OF _____

Be it remembered that on the _____ day of _____, A.D. 20____, personally appeared _____ signer and sealer of the foregoing written instrument and acknowledged the same to be his/her free act and deed.

BEFORE ME,



The Vermont Higher Education Investment Plan (Plan) is administered by the Vermont Student Assistance Corporation (VSAC). Interests in the Plan are issued directly to Account Owners by VSAC. Intuition College Savings Solutions, LLC (Intuition) is the Plan Manager.