



Lynn Fitch
 STATE TREASURER
 COLLEGE SAVINGS MISSISSIPPI
 | MACS |

**Mississippi Affordable College Savings Program
 Durable Power of Attorney
 and Indemnification**

Agreement For Power of Attorney Registration
Questions? Call toll-free 1.866.486.3670
 P.O. Box 55037, Boston, MA 02205-5037
 Visit www.MS529.com

WARNING TO PERSON EXECUTING THIS DOCUMENT: This is an important legal document. It creates a power of attorney that provides the person you designate as your attorney-in-fact with the broad powers it sets forth. You have the right to terminate this power of attorney. If there is anything about this form that you do not understand, you should ask a lawyer to explain it to you.

Account Owner _____

Mississippi Affordable College Savings Program (MACS) Account Number(s): _____

Home Phone: () _____

I, _____ of _____ do hereby make, constitute and appoint _____ whose specimen signature is _____ and whose address is _____ my true and lawful Attorney-in-Fact. All references herein to my Attorney-in-Fact shall be to such person or his or her successors.

THIS IS A DURABLE POWER OF ATTORNEY AND THE AUTHORITY OF MY ATTORNEY-IN FACT SHALL NOT TERMINATE IF I LATER BECOME DISABLED OR INCAPACITATED OR IN THE EVENT OF LATER UNCERTAINTY AS TO WHETHER I AM DEAD OR ALIVE.

I give and grant to my Attorney-in-Fact the power to act on my behalf with respect to the above referenced MACS account(s), such power to be used for my benefit and to be exercised by my Attorney-in-Fact only in a fiduciary capacity. Specifically, my Attorney-in-Fact shall have the power:

To deposit or invest funds owned wholly or partly by me in the above referenced MACS account(s); to withdraw, now or in the future, any funds from the above referenced MACS account(s); to change the beneficiary of the above-referenced MACS account(s); and to otherwise manage and enter into all other lawful transactions with respect to the above referenced MACS account(s).

I hereby agree to indemnify and hold State Street Bank and Trust Company (State Street), Boston Financial Data Services, Inc. (Boston Financial), TIAA-CREF Tuition Financing, Inc. or any of its affiliates, and the MACS program harmless from acting upon instructions, either oral or in writing, be MACS account(s).

The authorization and indemnity is a continuing one and shall remain in full force and effect and shall be binding upon the undersigned's heirs, executors, successors, beneficiaries, or assigns until revoked by the undersigned by a written notice addressed to Boston Financial and delivered to its main office, such revocation shall not affect any liability in any way resulting from transactions initiated prior to Boston Financial's acting on such revocation within a reasonable amount of time. In case of the death, disability or incompetence of the undersigned, this authorization shall continue and TIAA-CREF Tuition Financing, Inc. or any of its affiliates, State Street, Boston Financial, and the MACS program shall not be responsible for any action taken on the basis of this authorization until Boston Financial has received written notice thereof addressed to Boston Financial and delivered to its main office.

Any grant of a Durable Power of Attorney made by me subsequent to the date of execution of this Durable Power of Attorney shall not revoke this Durable Power of Attorney, unless the subsequent Durable Power of Attorney contains a

statement to the contrary and specifically refers to this Durable Power of Attorney by its date. Any person relying on this power of attorney may rely on a photocopy as if it were an original.

The undersigned has read the foregoing in its entirety before signing. IN WITNESS WHEREOF, I have hereunto set my hand this ____ day of _____, 20____.

Signature of Grantor of Power of Attorney

(STATE OF Mississippi ss.
COUNTY OF _____)

This instrument was acknowledged before me on _____ (date)
by _____
(name of person).

Notary Public (Seal)
My term expires: _____

AFFIDAVIT OF ATTORNEY-IN-FACT

(STATE OF Mississippi ss.
COUNTY OF _____)

I, _____, of lawful age, being duly sworn on his oath says that
_____, as principal, who resides at _____
_____ did on this ____ day of _____, 20 __ appoint me true and
lawful attorney by the foregoing instrument hereby made a part hereof.

Signature of Attorney-In-Fact

Subscribed and sworn to before me this ____ day of _____, 20____.

Notary Public (Seal)
My commission expires: _____