



**Connecticut Higher Education Trust**  
**Durable Power of Attorney and Indemnification**

Agreement For Power of Attorney Registration

**Questions?** Call toll-free 1.888.799.CHET(2438)

P.O. Box 219125, Kansas City, MO 64121-9125

Visit [www.aboutchet.com](http://www.aboutchet.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 \_\_\_\_\_

Connecticut Higher Education Trust (CHET) 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 CHET 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 CHET account(s); to withdraw, now or in the future, any funds from the above referenced CHET account(s); to change the beneficiary of the above-referenced CHET account(s); and to otherwise manage and enter into all other lawful transactions with respect to the above referenced CHET account(s).

I hereby agree to indemnify and hold State Street Bank and Trust Company (State Street), SS&C Technologies (SS&C), TIAA-CREF Tuition Financing, Inc. or any of its affiliates, and the CHET program harmless from acting upon instructions, either oral or in writing, believed to have originated from said Attorney-in-Fact and from any and all acts of said Attorney-in-Fact with respect to my CHET 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 SS&C and delivered to its main office, such revocation shall not affect any liability in any way resulting from transactions initiated prior to SS&C's acting on such revocation within a reasonable amount of time. In case of the disability or incompetence of the undersigned, this authorization shall continue and TIAA-CREF Tuition Financing, Inc. or any of its affiliates, State Street, SS&C and the CHET program shall not be

responsible for any action taken on the basis of this authorization until SS&C has received written notice thereof addressed to SS&C 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 \_\_\_\_\_  
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 \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, of lawful age, being duly sworn on this 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: \_\_\_\_\_