



Important Information about completing this form

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 at any time and for any reason. If there is anything about this form that you do not understand, please consult an attorney.

1 Account Owner Information

Name (First, MI, Last, Suffix)

Grid for name entry

MI 529 Advisor Plan Account Number

Grid for account number entry

MI 529 Advisor Plan Account Number

Grid for account number entry

MI 529 Advisor Plan Account Number

Grid for account number entry

MI 529 Advisor Plan Account Number

Grid for account number entry

Day Telephone Number

Grid for day telephone number entry

Evening Telephone Number

Grid for evening telephone number entry

2 Attorney-In-Fact Information

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 MI 529 Advisor Plan (MAP) 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 MAP Account(s); to withdraw, now or in the future, any funds from the above referenced MAP Account(s); to change the Designated Beneficiary of the above-referenced MAP Account(s); and to otherwise manage and enter into all other lawful transactions with respect to the above referenced MAP Account(s).

I hereby agree to indemnify and hold State Street Bank and Trust Company (State Street); Boston Financial Data Services, Inc. (Boston Financial); and TIAA-CREF Tuition Financing, Inc. and its affiliates, as well as MAP, 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 the above referenced MAP 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, and 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 disability or incompetence of the undersigned, this authorization shall continue and TIAA-CREF Tuition Financing, Inc. and its affiliates, State Street, Boston Financial, and MAP 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 Durable 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 Durable 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 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: _____



Mail This Form To:
Via regular mail:

MI 529 Advisor Plan
PO Box 55070
Boston, MA 02205-5070

Via overnight courier:

MI 529 Advisor Plan
c/o Boston Financial
30 Dan Road
Canton, MA 02021-2809