



# Durable Power of Attorney Form

Mail to: AARP Funds, P.O. Box 8035, Boston, MA 02266-8035

Overnight address: AARP Funds c/o BFDS, 30 Dan Road, Canton, MA 02021

Phone: 1-800-958-6457

Use this form to give a person Power of Attorney authorization for your account.

## 1. Account Ownership (Please print using capital letters and black ink.)

Account Owner's name (first, middle, last)

Account Owner's name (first, middle, last)

Joint Account Owner's name (if any)

Joint Account Owner's name (if any)

Daytime telephone number

Daytime telephone number

Email address

Email address

Fund name(s) or number(s) Account number

Fund name(s) or number(s)

Account number

Fund name(s) or number(s) Account number

Fund name(s) or number(s)

Account number

Fund name(s) or number(s) Account number

Fund name(s) or number(s)

Account number

## 2. Power of Attorney Authorization (Continued on next page)

I, \_\_\_\_\_, hereby appoint \_\_\_\_\_

(Your Name)

(Name of attorney in fact/agent)

as my agent and authorize him/her to transmit to you, AARP Funds and/or the transfer agent, Boston Financial Data Services, Inc. ("BFDS"), either orally, electronically or in writing, in accordance with procedures established by BFDS from time to time, instructions for the purchase, sale, exchange or transfer of shares of AARP Funds that are maintained by BFDS. BFDS may treat the above named agent as authorized to act for me on my behalf with respect to the account(s) referenced above in the same manner and with the same force and effect as I could with respect to such purchases, sales, exchanges, or transfer of shares of the Funds. I agree to indemnify and hold AARP Funds, its distributor, BFDS, State Street Bank and Trust Company harmless from acting upon instructions believed by you to have originated from said agent and from any and all acts of said agent with respect to the shares held in my account(s) with any of the AARP Funds.

This authorization and indemnity is a continuing one and shall remain in full force and effect until conclusive notice of my death is received by you or the power of attorney is revoked by me by a written notice addressed, delivered and received by AARP Funds at P.O. Box 8035, Boston, MA 02266-8035, but such revocation shall not affect any liability in any affected by subsequent disability or incapacity of me, the principal. In the case of death, this durable power of attorney shall not be revoked or terminate the agency as to the agent, who, without actual knowledge acts in good faith under such power. Any such action so taken, unless otherwise invalid or unenforceable, shall bind me and my successor in interest.

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## 2. Power of Attorney Authorization (Continued from page 1)

*The undersigned has read the foregoing in its entirety before signing,*

X  
\_\_\_\_\_  
Account Owner's Signature Date

X  
\_\_\_\_\_  
Joint Account Owner's Signature Date

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## 3. Notarization of Account Owner(s) (Required)

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

before me personally appeared \_\_\_\_\_

known to me to be the person(s) described in the foregoing instrument, and acknowledged that he/she/they executed the same as his/her/their free act and deed.

X  
\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Commission Expiration Date

Notary Stamp or Seal



