

Power of Attorney Authorization

Use this form to designate an agent (Attorney-in-Fact) to act on your behalf in connection with your Harbor Funds account(s). Please print in CAPITAL LETTERS and in black ink.

Questions?

Call 800-422-1050

To obtain additional forms or to complete this form online, visit us at harborcapital.com.

Step 1: Power of Attorney *General*

Please read the important information below:

This is an important legal document. Before executing this Power of Attorney, you should know these important facts:

- ✓ This document provides the person you designate as your Attorney-in-Fact with broad powers over your Harbor Funds account(s) which may be exercised without prior approval from you.
- ✓ The rights and powers you grant your Attorney-in-Fact over your Harbor Funds account(s) shall be "durable" rights and powers which are not affected by your incapacity or disability or by lapse of time.
- ✓ You have the right to revoke or terminate this Power of Attorney at any time by providing written notice to Harbor Funds.
- ✓ If there is anything about this Power of Attorney that you do not understand, you should consult with your own attorney.
- ✓ The Attorney-in-Fact may only be appointed to Traditional IRA, Roth IRA, SEP-IRA, Individual and Joint accounts.
- ✓ The Attorney-in-Fact appointed must be a U.S. Citizen.
- ✓ If the Attorney-in-Fact is being appointed to a Joint Account, this designation will apply to all account holders.
- ✓ All account Owners and the Attorney-in-Fact must sign this form.
- ✓ All required signatures must be notarized.

Step 2: Account Owner Information

Account Owner:

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	M.I.	Last Name
<input type="text"/>	<input type="text"/>	
Social Security Number	Date of Birth (mm/dd/yyyy)	

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Step 2: Account Owner Information *Continued*

Account Owner (Continued):

Street Address or P.O. Box Number

City

State

Zip Code

Daytime Telephone Number

Evening Telephone Number

U.S. Citizen

U.S. Resident Alien

E-mail Address

Joint Account Owner:

First Name

M.I.

Last Name

➤ *Complete if there are additional Owners on this account.*

Social Security Number

Date of Birth (mm/dd/yyyy)

Street Address or P.O. Box Number

City

State

Zip Code

Daytime Telephone Number

Evening Telephone Number

U.S. Citizen

U.S. Resident Alien

E-mail Address

I have included the necessary information for **additional Owners** on a separate sheet, in the same format.

Step 3: Account Information

Provide account number(s) below:

My designated Attorney-in-Fact is authorized, as set forth elsewhere in this form, to act as my Attorney-in-Fact on all accounts listed under the following account number(s):

Account Number

Account Number

Step 4: Attorney-in-Fact Authorization *Choose only one*

Designate level of authority you grant your Attorney-in-Fact:

- Limited Power of Attorney (LPOA)** – LPOA grants authority to the designated Attorney-in-Fact to inquire, purchase and exchange mutual funds within the Owner's Harbor Funds account(s) in the same manner and to the same extent that the Owner is permitted to do so. The Attorney-in-Fact does not have the power to withdraw or disperse monies or assets from the Owner's Harbor Funds account(s), change beneficiaries, or change dividend and/or capital gain distribution options.
- Full Power of Attorney (FPOA)** – FPOA grants the authority to the designated Attorney-in-Fact to perform all activities authorized to Attorneys-in-Fact under LPOA as set forth above. In addition, FPOA authorizes the designated Attorney-in-Fact to withdraw assets from the Owner's Harbor Funds account(s) regardless of the tax consequences of such distribution, and to make changes to the Harbor Funds account Owner's dividend and capital gain distribution options. All disbursements will be made payable to the account Owner. The FPOA does not authorize the designated Attorney-in-Fact to draw checks (Checkwriting Option) upon the Owner's Harbor Funds account(s). To the extent permitted by applicable taxing authority and law, the designated Attorney-in-Fact is also authorized to make and exercise any tax election available to the account Owner under federal, state, local or foreign tax law related to any of the Harbor Funds accounts set forth on this form. With respect to IRAs, including Traditional IRAs, Roth IRAs and SEP-IRAs, the designated Attorney-in-Fact may initiate rollovers, Roth IRA conversions, IRA recharacterizations, and other transfers of assets between and among the account Owner's accounts.
- No selection will default to Limited Power of Attorney.
- For either LPOA or FPOA, the Attorney-in-Fact may not change and/or designate beneficiaries or TOD beneficiaries on any of the account Owner's accounts.

Step 5: Appointment of Attorney-in-Fact

Provide name and address information:

First Name M.I. Last Name

Social Security Number Date of Birth (mm/dd/yyyy)

Street Address

City State Zip Code

Daytime Telephone Number Evening Telephone Number

E-mail Address

Mailing Address (if different from street address):

Street Address or P.O. Box Number

City State Zip Code

- I request **duplicate account statements** sent directly to my Attorney-in-Fact at the above mailing address.

Step 6: Governing Law

Please read:

The laws of the state of Illinois (but not the choice of law doctrines), as applied to agreements signed and performed in Illinois, shall apply and bind the parties in any and all questions arising under this Power of Attorney agreement, including questions of validity, interpretation and performance.

Step 7: Terms & Conditions

Please read:

Role of Harbor Funds – Disclaimer:

Harbor Funds is not acting as a fiduciary with respect to this Power of Attorney & Indemnification form. The account Owner, not Harbor Funds, is responsible for investigating and selecting the Attorney-in-Fact designated herein. Harbor Funds has not and will not approve, recommend or endorse any Attorney-in-Fact selected by the account Owner. Harbor Funds will merely effect instructions it receives from an Attorney-in-Fact. Harbor Funds will not provide legal, trading or tax advice. The account Owner and Attorney-in-Fact are solely responsible for determining the suitability for the account Owner of any investment strategy or transaction. Harbor Funds assumes no responsibility whatsoever for reviewing or monitoring any investment decision or activity of the Attorney-in-Fact.

Termination:

The account Owner and/or Attorney-in-Fact agree to notify Harbor Funds immediately, in writing, if the account Owner desires to revoke the authority given to the Attorney-in-Fact under this agreement. The Attorney-in-Fact agrees to notify Harbor Funds immediately, in writing, upon the account Owner's death. This Power of Attorney shall remain in effect until Harbor Funds receives written notice of its termination and has had sufficient time to process such notice and terminate the authority of the Attorney-in-Fact. This Power of Attorney shall automatically be deemed revoked upon receipt of a new or subsequent Power of Attorney & Indemnification form. Harbor Funds reserves the right, in its sole discretion, to no longer honor instructions from the Attorney-in-Fact designated herein and will promptly notify the account Owner if it chooses to do so.

Indemnification of Harbor Funds by Account Owner:

The account Owner agrees to indemnify and hold Harbor Funds, its affiliates and their successors and assigns, directors, officers, employees and agents harmless from and against all claims, actions, costs and liabilities, including attorney fees, arising out of or relating to their reliance on this Power of Attorney or their execution of the Attorney-in-Fact's instructions. The account Owner agrees that because Harbor Funds will not supervise or monitor the Attorney-in-Fact's

trading decisions or other activities with respect to the accounts designated in this form, the account Owner will not attempt to hold Harbor Funds liable for any trade, withdrawal or decision made by the Attorney-in-Fact whom the account Owner has selected, regardless of whether or not such trade, withdrawal or decision was specifically authorized by the account Owner. The account Owner hereby ratifies and confirms any and all transactions, trades, withdrawals or other dealings effected in and for the account Owners account by the Attorney-in-Fact designated herein. Harbor Funds' rights under this paragraph are in addition to any other rights it has under other agreements with the account Owner and/or Attorney-in-Fact.

Indemnification of Harbor Funds by Attorney-in-Fact:

The Attorney-in-Fact agrees to indemnify and hold Harbor Funds, its affiliates and their successors and assigns, directors, officers, employees and agents harmless from and against all claims, actions, costs and liabilities, including attorney fees, arising out of or relating to any breach by Attorney-in-Fact of any provision of this agreement or other agreements with Harbor Funds and/or the account Owner; the performance or non-performance of the Attorney-in-Fact's services; and any trade, withdrawal, redemption or tax issue or action of the Attorney-in-Fact in the account(s); and any dispute involving the Attorney-in-Fact and the account Owner. Harbor Funds's rights under this paragraph are in addition to any other rights it has under other agreements with the account Owner and/or Attorney-in-Fact.

Step 8: Signature of Account Owner & Attorney-in-Fact

Account Owner/Authorized Person sign below:

By signing below, I acknowledge that I have read and agree to be bound by all of the terms and conditions of this Power of Attorney agreement:

Signature Date (mm/dd/yyyy)

Certification of Acknowledgement of Notary Public (for Account Owner):

State of , in the County of Subscribed and sworn before me by the above-named Account Owner who is personally known to me or who has produced (type of identification) as identification, that the foregoing statements were true and accurate and made of his/her own free act and deed, on (Date - mm/dd/yyyy)

Notary Public

My Commission Expires:
Date (mm/dd/yyyy)

Seal

Joint Account Owner sign below (if applicable):

By signing below, I acknowledge that I have read and agree to be bound by all of the terms and conditions of this Power of Attorney agreement:

Signature Date (mm/dd/yyyy)

Certification of Acknowledgement of Notary Public (for Account Owner):

State of , in the County of Subscribed and sworn before me by the above-named Account Owner who is personally known to me or who has produced (type of identification) as identification, that the foregoing statements were true and accurate and made of his/her own free act and deed, on (Date - mm/dd/yyyy)

Notary Public

My Commission Expires:
Date (mm/dd/yyyy)

Seal

Step 8: Signature of Account Owner & Attorney-in-Fact *Continued*

Attorney-in-Fact Sign below:

By signing below, I acknowledge that I have read and agree to be bound by all of the terms and conditions of this Power of Attorney agreement:



Signature

Date (mm/dd/yyyy)

Certification of Acknowledgement of Notary Public (for Account Owner):

State of , in the County of Subscribed and sworn before me by the above-named Attorney-in-Fact who is personally known to me or who has produced (type of identification) as identification, that the foregoing statements were true and accurate and made of his/her own free act and deed, on (Date - mm/dd/yyyy)

Notary Public

My Commission Expires:

Date (mm/dd/yyyy)

Seal

Mail completed application to:

Standard Mail

Harbor Funds
P.O. Box 804660
Chicago, IL 60680-4108

Overnight Delivery

Harbor Funds
111 South Wacker Drive, 34th Floor
Chicago, IL 60606-4302