

# Power of Attorney Verification for Incapacitated Person

*Please print in CAPITAL LETTERS and in black ink.*

This form is to be completed by the Attorney-in-Fact when the **account Owner(s) is/are unable to act** and cannot complete the Harbor Power of Attorney Authorization form but has previously granted a Power of Attorney which remains in effect. This form should not be used when the account Owner(s) is/are able to act. If the account Owner(s) is/are able to act, the account Owner(s) should complete the Harbor Power of Attorney Authorization form.

## Questions?

**Call 800-422-1050**

To obtain additional forms or to complete this form online, visit us at [harborcapital.com](http://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 should be completed by the account Owner's Attorney-in-Fact when the account Owner is unable to act and gives the Attorney-in-Fact broad powers over the Owner's Harbor Funds account(s).
- ✓ In addition to the proper completion of this form, the Attorney-in-Fact must also provide Harbor Funds with a certified copy of the Power of Attorney agreement where the account Owner(s) has/have appointed the Attorney-in-Fact as his or her agent. In order to be properly certified, the following statement (or one similar in effect) should appear on the Power of Attorney agreement: "I hereby certify that this Power of Attorney agreement is a complete and exact copy of the original" and be signed and dated by an authorized bank officer, broker or licensed attorney. The required certification must be dated within thirty (30) days of the date Harbor Funds receives both it and this Power of Attorney Verification for Incapacitated Person form.
- ✓ 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.
- ✓ The Attorney-in-Fact must sign this form.
- ✓ The Attorney-in-Fact's signature must be accompanied by a Medallion Signature Guarantee Stamp.

## 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)	

**Step 2 continued on page 2**

## 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

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.

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

## Step 3: Account Information

### Provide account number(s) below:

This Power of Attorney applies to the following account number(s):

Account Number

Account Number

➤ *Account(s) listed must all be identically titled – i.e., type of account, Owner names, address and taxpayer identification number. If not, a separate **Power of Attorney Verification for Incapacitated Person** form must be completed for each.*

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

### Specify granted level of authority:

I hereby certify that I have been appointed Attorney-in-Fact for the account Owner(s) listed in [Step 2](#), under the enclosed certified Power of Attorney dated (mm/dd/yyyy)

➤ No selection will default to Limited Power of Attorney.

I am authorized to act as the account Owner's lawful agent and have been granted the following authority:

- 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 disburse 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.

➤ 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: Attorney-in-Fact Information

### 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

## Step 5: Attorney-in-Fact Information *Continued*

**Provide name and address information (Continued):**

**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 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 Verification for Incapacitated Person form. Harbor Funds is not responsible for investigating the Attorney-in-Fact or the validity of his or her appointment. 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 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. 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 Attorney-in-Fact if it chooses to do so.

### **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' 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 Attorney-in-Fact

**Sign below:**

*By signing below, I understand and acknowledge that Harbor Funds will treat all directions, orders, requests and other activity coming from me as if such orders, requests and other activity had come directly from the account Owner(s) and I represent that I have read and agree to be bound by all of the terms and conditions of this Power of Attorney Verification for Incapacitated Person form:*



Signature

Date (mm/dd/yyyy)

Medallion Signature Guarantee Stamp

**Mail completed application to:**

### Standard Mail

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

### Overnight Delivery

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