

3. Authorization and Indemnification

I, the Account Owner listed in Section 1, appoint the agent listed in Section 2, as my agent.

Put your initials in one of the boxes below.

Please initial a box below to indicate the appropriate level of access that applies to the account(s) listed in **Section 1**. Don't put an "x" or checkmark in the box.

Important: If you have more than one account and you wish to designate different levels of access for your different accounts, complete a separate form for each account.

Select one level and initial the corresponding box.

INITIALS **Level 1—Account Inquiry Access.** To obtain information about my account(s) and receive duplicate account statements from ISave 529.*

INITIALS **Level 2—Account Inquiry Access, Contributions, and Exchanges.** To obtain information about my account(s) and receive duplicate account statements from ISave 529. To contribute money owned wholly or partly by me to the account(s) listed in **Section 1** and to move money among investment options within the account listed in **Section 1**.*

INITIALS **Level 3—Account Inquiry Access, Contributions, Exchanges, and Disbursements.** To obtain information about my account(s) and receive duplicate account statements from ISave 529. To contribute money owned wholly or partly by me to the account(s) listed in **Section 1** and to move money among investment options within each account listed in **Section 1**. To withdraw, now or in the future, money from the account(s) listed in **Section 1** in accordance with procedures established by ISave 529.*

* The authority granted herein is limited to the level of authority specified above. My agent shall have no authority to take any other action, including, but not limited to:

- Changing the address of record on my Account(s),
- Adding, deleting, or changing any banking information with respect to my Account(s),
- Changing the designated Beneficiary.
- Signing or e-signing an Account application or otherwise opening a new registration on my behalf.
- Transferring assets to a new registration.

UNLESS I DIRECT OTHERWISE, THIS LIMITED POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED OR TERMINATED IN WRITING AS SPECIFIED BELOW. THIS LIMITED POWER OF ATTORNEY WILL CONTINUE TO BE EFFECTIVE EVEN IF I BECOME DISABLED, INCOMPETENT, OR INCAPACITATED.

THIS LIMITED POWER OF ATTORNEY MAY BE REVOKED IN WRITING BY ME AT ANY TIME. ABSENT REVOCATION, THE AUTHORITY GRANTED IN THIS LIMITED POWER OF ATTORNEY IS EFFECTIVE WHEN THIS LIMITED POWER OF ATTORNEY IS SIGNED AND CONTINUES UNTIL MY DEATH. EACH LIMITED POWER OF ATTORNEY FILED WITH ISAVE 529 REVOKES A LIMITED POWER OF ATTORNEY FOR AN ACCOUNT OWNER PREVIOUSLY FILED WITH ISAVE 529 OR ITS AGENTS IN ITS ENTIRETY. ANY REVOCATION WILL NOT AFFECT ANY LIABILITY RESULTING FROM TRANSACTIONS INITIATED BEFORE ISAVE 529 HAS HAD A REASONABLE AMOUNT OF TIME TO ACT UPON THE REVOCATION.

I agree that any third party who receives a copy of this document may act under it. Revocation or termination of the Limited Power of Attorney due to my death, court determination, or any other reason is not effective as to a third party until the third party receives written notice of the revocation or termination and the third party has had a reasonable amount of time to act on such notice. I, for myself and for my heirs, personal representatives, legal representatives, and assigns, agree to indemnify ISave 529, the Treasurer of the State of Iowa, The Vanguard Group, Inc., Ascensus Investment Advisors, LLC, and their respective affiliates, officers, agents, or employees, and any third party acting hereunder (any of such persons, individually, a "third party") in connection with ISave 529, for any claims that arise against the third party because of reliance on this Limited Power of Attorney.

