

College Savings Iowa[®]

Agent Authorization/Limited Power of Attorney

Complete this Agent Authorization/Limited Power of Attorney to give an individual, financial advisor, corporation, or other entity that you designate as your agent limited power to act on your College Savings Iowa account(s). To grant an agent complete powers to act on your account(s), complete a Power of Attorney found online at **CollegeSavingsIowa.com**.

- You may only designate one level of authorization by **initialing** the appropriate level of access in **Section 3** for the account(s) listed on this form. To grant a different level of authorization for your other account(s), complete a separate Agent Authorization/Limited Power of Attorney.
- This Agent Authorization/Limited Power of Attorney must be signed by the agent in **Section 2**. It also must be signed by the participant and notarized in **Section 3**.
- If there is anything about this Agent Authorization/Limited Power of Attorney that you do not understand, you should ask a lawyer of your own choosing to explain it to you.
- Print clearly, preferably in capital letters and black ink.

Forms can be downloaded from our website at **CollegeSavingsIowa.com**. Or you can call us toll-free to order any form—or get assistance in filling out this one—at **888-672-9116** on business days from 8 a.m. to 9 p.m., Eastern time. Return this form in the enclosed postage-paid envelope, or mail to: **Michael L. Fitzgerald, Treasurer of State, College Savings Iowa, P.O. Box 219219, Kansas City, MO 64121-9219**. For overnight delivery or registered mail, send to: **Michael L. Fitzgerald, Treasurer of State, College Savings Iowa, 920 Main Street, Suite 900, Kansas City, MO 64105-2017**.

THIS IS A DURABLE LIMITED POWER OF ATTORNEY. THE AUTHORITY OF YOUR AGENT WILL NOT TERMINATE IF YOU BECOME DISABLED OR INCAPACITATED OR IN THE EVENT OF LATER UNCERTAINTY AS TO WHETHER YOU ARE DEAD OR ALIVE. THIS LIMITED POWER OF ATTORNEY WILL TERMINATE ON YOUR DEATH. **THIS LIMITED POWER OF ATTORNEY ONLY AUTHORIZES YOUR AGENT TO ACT ON YOUR BEHALF WITH RESPECT TO YOUR COLLEGE SAVINGS IOWA ACCOUNT(S). IT ALSO TAKES PRIORITY OVER ANY OTHER LIMITED POWER OF ATTORNEY YOU HAVE SIGNED WITH RESPECT TO THE ACCOUNT(S).**

THE PURPOSE OF THIS LIMITED POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (YOUR "AGENT") THE LIMITED POWER TO ACT FOR YOU, WITHOUT YOUR CONSENT, IN WAYS SPECIFIED BY YOU, THAT YOU COULD ACT FOR YOURSELF. THE LIMITED POWERS GRANTED BY THIS DOCUMENT ARE BROAD. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. YOU MAY REVOKE THIS LIMITED POWER OF ATTORNEY AT ANY TIME BY SENDING WRITTEN NOTICE TO THE ABOVE ADDRESS. THE LIMITED POWER OF ATTORNEY MAY ALSO BE TERMINATED BY COURT ORDER UPON DELIVERY OF THAT ORDER TO THE ABOVE ADDRESS.

YOU MAY HAVE OTHER RIGHTS OR POWERS UNDER IOWA'S LAW NOT SPECIFIED IN THIS FORM.

1. Participant Information

Account Number(s) (To list more than three accounts, use a separate sheet.)

Last Four Digits of Social Security Number, Individual Taxpayer ID Number, or Employer ID Number (EIN)

Name of Participant (first, middle initial, last)

 - -

Daytime Phone

 - -

Evening Phone



2. Agent Information

Note: If your agent is a corporation or other entity, the entity must also complete and submit a College Savings Iowa Organization Resolution Form.

Relationship to Account Owner *(Check one.):*

Financial Advisor
 Other. If other, provide:
 Social Security Number or Individual Taxpayer ID Number
 (EIN for organization)

Name of Agent *(first, middle initial, last)*

Financial Advisor Firm Name *(if applicable)*

Financial Advisor ID Number *(if applicable)*

Branch Number *(if applicable)*

Mailing Address

City

State

Zip

 - -

Daytime Phone

▶ **S I G N A T U R E**

Signature of Agent

 / /

Date *(month, day, year)*

3. Authorization and Indemnification

I, the participant 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.

I N I T I A L S

Initials

Level 1—Account Inquiry Access. To obtain information about my account(s) and receive duplicate account statements from College Savings Iowa.*

I N I T I A L S

Initials

Level 2—Account Inquiry Access, Contributions, and Exchanges. To obtain information about my account(s) and receive duplicate account statements from College Savings Iowa. 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**.*

I N I T I A L S

Initials

Level 3—Account Inquiry Access, Contributions, Exchanges, and Disbursements. To obtain information about my account(s) and receive duplicate account statements from College Savings Iowa. 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 College Savings Iowa.*

*The authority granted in this document 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 COLLEGE SAVINGS IOWA REVOKES A LIMITED POWER OF ATTORNEY FOR A PARTICIPANT PREVIOUSLY FILED WITH COLLEGE SAVINGS IOWA OR ITS AGENTS IN ITS ENTIRETY. ANY REVOCATION WILL NOT AFFECT ANY LIABILITY RESULTING FROM TRANSACTIONS INITIATED BEFORE COLLEGE SAVINGS IOWA 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 College Savings Iowa, 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 College Savings Iowa, for any claims that arise against the third party because of reliance on this Limited Power of Attorney.

IF THERE IS ANYTHING ABOUT THIS AGENT AUTHORIZATION/LIMITED POWER OF ATTORNEY THAT YOU DO NOT UNDERSTAND, CONSULT AN ATTORNEY KNOWLEDGEABLE IN IOWA LAW RATHER THAN SIGN THIS AGENT AUTHORIZATION/LIMITED POWER OF ATTORNEY.

► **S I G N A T U R E**

Signature of Participant

/ /

Date (month, day, year)

(Your signature must be notarized. See below. We cannot accept a signature guarantee in place of a notary's seal.)

STATE OF _____)

) ss.:

COUNTY OF _____)

This document was acknowledged before me by _____ (name of participant) on _____, _____ (date).

► **S I G N A T U R E**

Signature of Notary Public

/ /

Date (month, day, year)

Notary Public's Name (first, middle initial, last)

My commission expires:

/ /

Date (month, day, year)

Notary to Place Seal Here

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