ISave 529™ Full Force and Effect Form



- Complete this form when a general durable power of attorney (POA) agreement is being submitted to the Plan and the date of the POA is more than five years from the date the POA was established.
- This certification will confirm the following:
 - The document is in Full Force and Effect (has not been revoked).
 - The grantor/Account Owner is alive.
 - The copy of the POA being provided to the Plan is a true and accurate copy of the original.
 - The power granted has not been modified or revoked.
 - Full Force and Effect information is for the specific POA in question (title, Account Owner name, date POA established, etc.).
 - The signature of the current Account Owner must be notarized. The signature of the agent must be notarized. The document must be received within 90 days of it being signed and notarized. Please provide it to ISave 529 promptly.
- Print clearly, preferably in capital letters and black ink.

Forms can be downloaded from our website at **ISave529.com**, or you can call us to order any form—or request assistance in completing this form—at **888-672-9116** on business days from 7 a.m - 8 p.m. Central Time.

Return this form to:	For overnight delivery or registered mail, send to:
ISave 529	ISave 529
P.O. Box 219219	1001 E 101st Terrace, Suite 200
Kansas City, MO 64121-9219	Kansas City, MO 64131

Agent Information

1.

Note: If your agent is a corporation or other entity, the entity must also complete and submit an ISave 529 Organization Resolution Form.

Relationship to Account Owner (Check one.):

Financial Advisor	Other. If other, provide:	Social Security Number or Indivi	dual Taxpayer ID Number <i>(EIN for organization)</i>	
Name of Agent <i>(first, middle initial, la</i>	st/			
Agent Firm Name <i>(If applicable)</i>				
Agent ID Number (if applicable)	Agent Branch N	ımber <i>(if applicable)</i>		
Mailing Address				
City		State	Zip Code	
Daytime Telephone Number				
SIGNATURE				
Signature of Agent			Date (mm-dd-yyyy)	
* IOWA FULL FORCE/EFFECT FORM*				



2. Account Owner Information

Last Four Digits of Social Security Number, Individual Taxpayer ID Number or EIN	Account Number(s) (To list more than three accounts, use a separate sheet.) Image: I
Image: Second Constraint of Account Owner (first, middle initial, last) (Required) Image: Second Constraint of Account Owner (first, middle initial, last) (Required) Image: Second Constraint of Account Owner (first, middle initial, last) Image: Second Constraint of Account Owner (first, middle initial, last) Image: Second Constraint of Account Owner (first, middle initial, last) Image: Second Constraint of Account Owner (first, middle initial, last) Image: Second Constraint of Account Owner (first, middle initial, last) Image: Second Constraint of Account Owner (first, middle initial, last) Image: Second Constraint of Account Owner (first, middle initial, last) Image: Second Constraint of Account Owner (first, middle initial, last) Image: Second Constraint of Account Owner (first, middle initial, last) Image: Second Constraint of Account Owner (first, middle initial, last) Image: Second Constraint of Account Owner (first, middle initial, last) Image: Second Constraint of Account Owner (first, middle initial, last) Image: Second Constraint of Account Owner (first, middle initial, last) Image: Second Constraint of Account Owner (first, middle initial, last) Image: Second Constraint of Account Owner (first, middle initial, last) Image: Second Constraint of Account Owner (first, middle initial, last) Image: Second Constrationt of Account Owner (first, middle initial, last) </th <th></th>	
STATE OF) COUNTY OF) I, (name of agent), certi	s Authority Iowa Statutory Power of Attorney Agents Certification Form fy under penalty of perjury that uccessor agent in a power of attorney dated
not been terminated.	
On the day of the undersigned, a Notary Public in and for said State, personall or proved to me on the basis of satisfactory evidence to be the in	in the year, before me, y appeared, personally known to me ndividuals(s) whose name is subscribed to the within instrument and pacity, and that by his/her signature on the instrument, the individual(s),
SIGNATURE Signature of Notary Public Name of Notary Public (first, middle initial, last)	Date (mm-dd-yyyy)
My commission expires:	Notary to Place Seal Here

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