



Michael L. Fitzgerald, Treasurer of State

College Savings Iowa®

## Full Force and Effect Form

- Complete this form when a general durable power of attorney 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  - The document is in Full Force and Effect (has not been revoked).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 participant 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 College Savings Iowa promptly.
- 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 and any other required documents 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**.

### 1. 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



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Daytime Phone

**SIGNATURE**

Signature of Agent

/  /

Date (month, day, year)

## 2. 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)

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Daytime Phone

## 3. Authorization and Indemnification

Agent's Certification of Validity of Power of Attorney and Agent's Authority Iowa Statutory Power of Attorney Agents Certification Form

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_ (name of agent), certify under penalty of perjury that \_\_\_\_\_ (name of participant) granted me authority as an agent or successor agent in a power of attorney dated \_\_\_\_\_.

I further certify all of the following to my knowledge:

- The participant is alive and has not revoked the power of attorney and my authority to act under the power of attorney has not been terminated.
- If the power of attorney was drafted to become effective upon the happening of an event or contingency, the event or contingency has occurred.
- If I was named as a successor agent, the prior agent is no longer able or willing to serve.

**SIGNATURE**

Signature of Agent

/  /

Date (month, day, year)

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_, before me, the undersigned, a Notary Public in and for said State, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name is subscribed to the within instrument and acknowledged to me that (s)he executed the same in his/her capacity, and that by his/her signature on the instrument, the individual(s), or the person(s) upon behalf of which the individual acted, executed the instrument.

**SIGNATURE**

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**

Applies to Agent signature in Section 3.