ISave 529™

Power of Attorney

ISAVE Roby Smith Iowa Treasurer 529

- Complete this Power of Attorney to designate an individual, financial advisor, corporation, or other entity as your agent who will have complete authority to act on your ISave 529 plan account(s).
- To grant an agent limited authority to act on your ISave 529 account(s), complete an Agent Authorization/Limited Power of Attorney found online at **ISave529.com**.
- This Power of Attorney must be signed by the agent in **Section 2**. It also must be signed by the Account Owner and notarized in **Section 3**.
- If there is anything about this 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 **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:
ISave 529
P.O. Box 219219
Kansas City, MO 64121-9219

For overnight delivery or registered mail, send to:
ISave 529
1001 E 101st Terrace, Suite 200
Kansas City, MO 64131

THIS IS A DURABLE 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 POWER OF ATTORNEY WILL TERMINATE ON YOUR DEATH. **THIS POWER OF ATTORNEY ONLY AUTHORIZES YOUR AGENT TO ACT ON YOUR BEHALF WITH RESPECT TO YOUR ISAVE 529 ACCOUNT(S). IT ALSO TAKES PRIORITY OVER ANY OTHER POWER OF ATTORNEY YOU HAVE SIGNED WITH RESPECT TO THE ACCOUNT(S).**

THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO ACT FOR YOU, WITHOUT YOUR CONSENT, IN ANY WAY THAT YOU COULD ACT FOR YOURSELF. THIS INCLUDES THE POWER TO MAKE INVESTMENT DECISIONS, CONTRIBUTIONS, WITHDRAWALS, CHANGES TO THE BENEFICIARY OF ANY ACCOUNT, AND ANY OTHER ACTION IN CONNECTION WITH YOUR ISAVE 529 ACCOUNT(S), WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. YOU MAY REVOKE THIS POWER OF ATTORNEY AT ANY TIME BY SENDING WRITTEN NOTICE TO THE ABOVE ADDRESS. THE 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. Account Owner Information

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

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

Name of Account Owner *(first, middle initial, last)* ***(Required)***

Daytime Telephone Number

Evening Telephone Number

* P O A I O W A *

2. Agent Information

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 Individual Taxpayer ID Number *(EIN for organization)*

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

Agent Firm Name *(If applicable)*

Agent ID Number *(if applicable)*

Agent Branch Number *(if applicable)*

Mailing Address

City

State

Zip Code

Daytime Telephone Number

➤ SIGNATURE
Signature of Agent

Date *(mm-dd-yyyy)*

3. Authorization and Indemnification

I, the Account Owner listed in **Section 1**, appoint the agent listed in **Section 2**, as my agent to act for me in any lawful way that I may act with respect to the ISave 529 account(s) identified in **Section 1**, or in any identically registered account opened after this Power of Attorney has been signed in accordance with procedures established by ISave 529. This includes but is not limited to:

- Contributing and withdrawing money from any account listed in **Section 1** in accordance with procedures established by ISave 529.
- Contributing money owned wholly or partly by me to any account listed in **Section 1** and moving money among investment options within each of the above-referenced account(s).
- Withdrawing, now or in the future, money from any account listed in **Section 1**; and otherwise managing and entering into all other lawful transactions with respect to the above-referenced account(s).
- Changing the designated Beneficiary of any account listed in **Section 1**.
- Receiving duplicate statements from ISave 529.

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

THIS POWER OF ATTORNEY MAY BE REVOKED IN WRITING BY ME AT ANY TIME. ABSENT REVOCATION, THE AUTHORITY GRANTED IN THIS POWER OF ATTORNEY IS EFFECTIVE WHEN THIS POWER OF ATTORNEY IS SIGNED AND CONTINUES UNTIL MY DEATH. EACH POWER OF ATTORNEY FILED WITH ISave 529 REVOKES A 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 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 Power of Attorney.

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

➤ SIGNATURE

Signature of Account Owner

☐☐ – ☐☐ – ☐☐☐☐

Date *(mm-dd-yyyy)*

(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 Account Owner)* on _____ *(date)*.

➤ SIGNATURE

Signature of Notary Public

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Date *(mm-dd-yyyy)*

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Name of Notary Public *(first, middle initial, last)*

My commission expires:

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Date *(mm-dd-yyyy)*

Notary to Place Seal Here

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