

# Ideal – Idaho College Savings Program (IDeal) **Agent Certification Form**



- If you are an agent pursuant to a Power of Attorney document, and you would like to be added as an agent to 529 Account(s), please complete this **Agent Certification Form**. If you are an IDeal account owner looking to add an authorized agent on your account do not complete this form. Complete the **Agent Authorization / Limited Power of Attorney**, or **Power of Attorney Form** instead.
- If you have any legal questions concerning this form, please contact an attorney.
- Type or print clearly, printing in capital letters and black ink. Please mail the form to the Plan. Do not staple..

Forms can be downloaded from our website at [idsaves.org](http://idsaves.org), or you can call us to order any form — or request assistance in completing this form — at **1.866.433.2533**, Monday through Friday from 8 a.m. - 8 p.m. ET.

**1.866.433.2533**  
Monday to Friday, 8 a.m. - 8 p.m. ET  
**idsaves.org**  
**clientservice@idsaves.org**  
 Regular mailing address:  
**IDeal – Idaho College Savings Program**  
**P.O. Box 219944**  
**Kansas City, MO 64121**  
 Overnight mailing address:  
**IDeal – Idaho College Savings Program**  
**1001 E 101st Terrace, Suite 200**  
**Kansas City, MO 64131**

## **1.** Account Owner information

Account Number

Account Number

Account Number

Account Number

Account Number

Account Number

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

Permanent Street Address (P.O. boxes are **not** acceptable.)

City

State

Zip Code

Social Security Number



\* I D A G E N T C E R T P O A \*

**2. Agent information\*** Please insert your information

**Important Notice:** In compliance with the USA Patriot Act, we are required to obtain, verify, and record information that identifies each person who opens an account or is granted authority as an agent to act on an account. Please provide all of the information requested below.

Name (first, middle initial, last)

Agent's Mailing Address

City

State

Zip Code

Telephone Number

Date of Birth (mm/dd/yyyy)

Social Security Number

\*If the Power-of-Attorney document provides for more than one agent, and requires the agents to act in concert with each other, we require that each agent complete an **Agent Certification Form**.

**3. Certification of Authority**

I hereby attest, that the Power-of-Attorney document dated \_\_\_\_\_ ("Power-of-Attorney"), submitted by me, grants me the power to purchase, sell, transfer, and otherwise conduct transactions in securities, banking products, direct and receive disbursements regardless of tax consequences of such disbursement, receive and access account statements and obtain other account information, do any other lawful act with respect to the account(s) in **Section 1** of this **Agent Certification Form**, and exercise any and all investment powers available to and on behalf of \_\_\_\_\_ (the, Account Owner, named above).

The Account Owner was able and competent at the time the Power-of-Attorney was executed, and the authorization and delegation pursuant to the Power-of-Attorney is a continuing one and will remain in effect in the event of Account Owner's disability or incompetence.

Furthermore, the Power-of-Attorney remains in full force and effect and has not been withdrawn, amended or removed; and the Account Owner is still living.

