

Ideal - Idaho College Savings Program

Power of Attorney



- Complete this form to designate an individual, corporation, or other entity as your agent with broad authority to act on your Ideal - Idaho College Savings Program (Ideal) Account(s).
- To grant an agent limited authority to act on your Ideal Account(s), do not use this form. Please complete the **Agent Authorization/Limited Power of Attorney Form** instead.
- This **Power of Attorney** form must be signed by the agent in **Section 2** and signed by the Account Owner and notarized in **Section 4**.
- If your agent is a corporation or other entity, the entity must also complete and submit an **Organization Resolution Form**.
- If there is anything about this form that you do not understand, you should consult with a lawyer of your own choosing to explain it to you.
- Type in your information and print out the completed form, or print clearly, preferably in capital letters and black ink. Mail the form to the address below. Do not staple.

Forms can be downloaded from our website at www.idsaves.org, or you can call us to order any form — or request assistance in completing this form — at **1.866.433.2533** any business day from 8 a.m. to 8 p.m. Eastern time.

Return this form and any other required documents to:

Ideal - Idaho College Savings Program
P.O. Box 219944
Kansas City, MO 64121

For overnight delivery or registered mail, send to:

Ideal - Idaho College Savings Program
1001 E 101st Terrace, Suite 200
Kansas City, MO 64131

IMPORTANT INFORMATION: THIS POWER OF ATTORNEY AUTHORIZES ANOTHER PERSON (YOUR AGENT) TO MAKE DECISIONS CONCERNING YOUR PROPERTY FOR YOU (THE PRINCIPAL). YOUR AGENT CAN MAKE DECISIONS AND ACT WITH RESPECT TO YOUR PROPERTY (INCLUDING YOUR MONEY) WHETHER OR NOT YOU ARE ABLE TO ACT FOR YOURSELF.

YOU SHOULD SELECT SOMEONE YOU TRUST TO SERVE AS YOUR AGENT. THE AGENT'S AUTHORITY WILL CONTINUE UNTIL YOUR DEATH UNLESS YOU REVOKE THE POWER OF ATTORNEY OR THE AGENT RESIGNS.

UNLESS YOU LIMIT THE POWER IN THIS DOCUMENT, THIS DOCUMENT GIVES YOUR AGENT THE POWER TO ACT FOR YOU, WITHOUT YOUR CONSENT, IN ANY WAY THAT YOU COULD ACT FOR YOURSELF. THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN IDAHO UNIFORM POWER OF ATTORNEY ACT CONTAINED IN THE IDAHO CODE TITLE 15, CHAPTER 12. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. YOU MAY REVOKE THIS POWER OF ATTORNEY AT ANY TIME IF YOU WISH TO DO SO.

THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR ACCOUNTS WITH THE IDEAL - IDAHO COLLEGE SAVINGS PROGRAM PURSUANT TO IDAHO'S UNIFORM POWER OF ATTORNEY ACT CONTAINED IN IDAHO CODE TITLE 15, CHAPTER 12, WHICH MAY INCLUDE POWERS TO MAKE INVESTMENT DECISIONS, CONTRIBUTIONS, WITHDRAWALS, AND TAKE OTHER ACTION IN CONNECTION WITH YOUR IDEAL - IDAHO COLLEGE SAVINGS PROGRAM ACCOUNTS WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. THIS FORM DOES NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS; BUT WHEN POWERS ARE EXERCISED, YOUR AGENT MUST USE DUE CARE TO ACT IN YOUR BEST INTEREST AND IN ACCORDANCE WITH THE PROVISIONS OF THIS FORM AND MUST KEEP COMPLETE RECORDS OF ALL TRANSACTIONS ENTERED INTO AS YOUR AGENT. UNTIL YOU REVOKE THIS POWER OF ATTORNEY OR A COURT ACTING ON YOUR BEHALF TERMINATES IT, YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME DISABLED.

YOU MAY HAVE OTHER RIGHTS OR POWERS UNDER IDAHO LAW NOT SPECIFIED IN THIS FORM.

IF YOU HAVE QUESTIONS ABOUT THE POWER OF ATTORNEY OR AUTHORITY YOU ARE GRANTING TO YOUR AGENT, YOU SHOULD SEEK LEGAL ADVICE BEFORE SIGNING THIS FORM.



