

## Indiana529 Advisor Savings Plan

# Power of Attorney

**Indiana529**

Advisor Savings Plan

- Complete this form to designate an individual, corporation, or other entity as your agent with the complete authority to act on your Indiana529 Advisor Savings Plan (Indiana529 Advisor) Account(s).
- This Power of Attorney form must be signed by the Account Owner and notarized in **Section 4**.
- If there is anything about this form that you do not understand, you should consult with your lawyer 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.indiana529advisor.com](http://www.indiana529advisor.com), or you can call us to order any form—or request assistance in completing this form—at **1.866.485.9413** any business day from 8 a.m. to 8 p.m. E.T.

Return this form and any other required documents to:

**Indiana529 Advisor Savings Plan**  
**P.O. Box 219354**  
**Kansas City, MO 64121**

For overnight delivery or registered mail, send to:

**Indiana529 Advisor Savings Plan**  
**1001 E 101st Terrace, Suite 200**  
**Kansas City, MO 64131**

NOTICE: 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 ARTICLE 5 OF TITLE 30 OF THE INDIANA CODE. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER 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 INDIANA529 ADVISOR SAVINGS PLAN PURSUANT TO TITLE 30, SECTIONS 30-5-5-2 THROUGH 30-5-5-19 OF THE INDIANA CODE, WHICH MAY INCLUDE POWERS TO MAKE INVESTMENT DECISIONS, CONTRIBUTIONS, WITHDRAWALS, AND TAKE OTHER ACTION IN CONNECTION WITH THE INDIANA529 ADVISOR SAVINGS PLAN 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 FOR YOUR BENEFIT 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 INDIANA LAW NOT SPECIFIED IN THIS FORM.



\* IN ADV DIR POA \*

1. Account Owner information

Account Number (List all that apply. To list more than three Accounts, use a separate sheet.)

Social Security Number or Taxpayer Identification Number (Required)

Account Number input fields

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

Telephone Number (In case we have a question about your Account.)

2. Agent information

Note: If your agent is a corporation or other entity, the entity must also complete and submit a Indiana529 Advisor Organization Resolution Form.

Relationship of Agent to Account Owner (Check one.)

Financial Advisor / Other (Provide Social Security number or other Tax ID number.)

Name of Agent (first, middle initial, last)

Financial Advisor Firm Name (If applicable)

Financial Advisor ID Number (If applicable)

Mailing Address

City, State, Zip Code

Telephone Number

SIGNATURE Signature of Agent

Date (mm/dd/yyyy)

3. Authorization

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 Indiana529 Advisor Account(s) identified in Section 1. This includes, but is not limited to:

- Contributing and withdrawing money from any Account listed in Section 1 in accordance with procedures established by Indiana529 Advisor.
Contributing money owned wholly or partly by me to the above-referenced Account(s) and moving money among investment options within each of the above-referenced Account(s).
Withdrawing, now or in the future, money from the above-referenced Account(s); and otherwise managing and entering into all other lawful transactions with respect to the above referenced Account(s).
Changing the Beneficiary of any Account listed in Section 1.
Receiving duplicate statements from Indiana529 Advisor.



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