Indiana529 Direct Savings Plan

Agent Certification Form

Indiana529 Direct Savings Plan

- If you are an agent pursuant to a valid Power of Attorney, and you would like to be added as an agent to an Indiana529 Direct Savings Plan (Indiana529) Account(s), please complete this **Agent Certification Form**. If you are an 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 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.indiana529direct.com**, or you can call us to order any form — or request assistance in completing this form — at **1.866.485.9415**, any business day from 8 a.m. to 8 p.m. Eastern time. Terms used in this form not otherwise defined, have the same meaning as those terms used in the Indiana529 Direct Savings Plan Disclosure Booklet.

Return this form and any other required documents to:
Indiana529 Direct Savings Plan
P.O. Box 219418
Kansas City, MO 64121

For overnight delivery or registered mail, send to:
Indiana529 Direct Savings Plan
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 N D I R 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.

4. Authorization, Certification, and Indemnification by the Agent

I, the undersigned Attorney In Fact, hereby certify that I am the duly authorized Attorney In Fact (Agent) for the Account Owner identified above.

I hereby certify that as Agent, I will only exercise those powers that were validly granted to me by the Account Owner pursuant to the Power of Attorney, and that I will not exercise any powers granted by the Account Owner in the Power of Attorney if I have information or reason to believe that the Power of Attorney has been revoked, has been partly or completely terminated or suspended, or is no longer valid because of the death, entry of an order of guardianship and/or conservatorship for the Account Owner by a court or for any other reason that may nullify or compromise my authority to act in a representative capacity for the Account Owner.

For accepting my certifications provided above and complying with this and future requests with respect to the Account Owner's account(s) in **Section 1** of this **Agent Certification Form**, I hereby direct the Plan Officials, without any further inquiry or investigation, to act in reliance on the authority of this certification. I hereby request that the Plan Officials follow my directions in reliance upon this authorization and I agree to hold harmless and indemnify Plan Officials from any claims, losses, expenses, costs, damages or liabilities (including reasonable attorneys' fees and expenses) arising out of or relating to, Plan Officials reliance upon the instructions contained herein and any subsequent instructions Plan Officials believe to be genuine whether such instructions are provided in writing or by telephone or any other means and whether or not such instructions are consistent with the powers specified in the Power of Attorney document, and acting or falling to act as a result thereof.

I further agree to be bound by all the terms and conditions set forth in any and all agreements relating to the Account(s).

This certification and acceptance thereof is made under penalty of perjury.

SIGNATURE

Signature of Agent

__ __ – __ __ – __ __ __ __

Date *(mm/dd/yyyy)*

Your signature must be notarized.

STATE OF ______________________________)

COUNTY OF ____________________________)

This document was acknowledged before me on ________________ *(date)* by ______________________________________ *(Name of Agent)*, to the authenticity of his or her signature.

SIGNATURE

Signature of Notary

__ __ – __ __ – __ __ __ __

Date *(mm/dd/yyyy)*

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

My commission expires:

__ __ – __ __ – __ __ __ __

Date *(mm/dd/yyyy)*

Notary to place seal here

Applies to signature in **Section 4.**

Note: Notary Stamp cannot be faxed to Indiana529.