

Indiana529 Direct Savings Plan

Power of Attorney

Indiana529**Direct 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 Direct Savings Plan (Indiana529) 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.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. E.T.

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

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 DIRECT 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 DIRECT 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.



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