Indiana529 Direct Savings Plan

Indiana529

Direct Savings Plan

Power of Attorney

- 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.

1. Account Owner information

	Account Number (List all that apply. To list more than two Accounts, use a separate sheet.)
Social Security Number or Taxpayer Identification Number (Required)	
Name of Account Owner (first, middle initial, last)	
Telephone Number (In case we have a question about your Account.)	
Agent information	
	complete and submit a ladiana F20 Overanization
Note: If your agent is a corporation or other entity, the entity must also of Resolution Form.	complete and submit a Indiana529 Urganization
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 (<i>If applicable</i>)	
Mailing Address	
	State Zip Code
	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 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.
- 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.

4. Signature and notarization—YOU MUST SIGN BELOW

UNLESS YOU DIRECT OTHERWISE, THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED OR TERMINATED AS SPECIFIED BELOW. THIS POWER OF ATTORNEY WILL CONTINUE TO BE EFFECTIVE EVEN IF YOU BECOME DISABLED, INCAPACITATED, OR INCOMPETENT. THIS POWER OF ATTORNEY MAY BE REVOKED BY YOU AT ANY TIME. ABSENT REVOCATION, THE AUTHORITY GRANTED IN THIS POWER OF ATTORNEY IS EFFECTIVE WHEN THIS POWER OF ATTORNEY IS SIGNED AND CONTINUES IN EFFECT UNTIL YOUR DEATH.

I agree that any third party who receives a copy of this document may act under it. Revocation or termination of the power of attorney due to my death, court determination or any other reason is not effective as to a third party until the third party receives written notice of the revocation or termination and the third party has had a reasonable amount of time to act on such notice. I, for myself and for my heirs, executors, legal representatives and assigns, agree to indemnify the Authority, the Trust, Indiana529, the Plan Officials (each as defined in the Indiana529 Direct Savings Plan Disclosure Statement), Ascensus Broker Dealer Services, Inc., and any of their respective affiliates, agents, and employees, and any third party acting hereunder (any of such persons, individually, a "third party") in connection with Indiana529, for any claims that arise against the third party because of reliance on this power of attorney.

IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, CONSULT YOUR LAWYER BEFORE SIGNING.

SIGNATURE] $ [$		– [][
Signature of Account Owner		Date (mm/dd/yyyy)					
Your signature must be notarized. See below. We c	annot accept a sigr	nature guarant	ee in plac	e of a no	otary's	seal.	
STATE OF)							
)ss.:							
COUNTY OF)							
This document was acknowledged before me on							
SIGNATURE Signature of Notary		Dat	e (mm/dd/yy	[] [] [] [] [] [] [] [] [] [] [] [] [] [
Name of Notary (first, middle initial, last)							
My commission expires:							
Date (mm/dd/yyyy)		No	otary to pl	ace seal	here		
		Ар	plies to signa	ture in Sec	tion 4.		

Indiana529

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