



NEST Direct College Savings Plan Power of Attorney

- Use this form to designate a Financial Advisor (*as defined in the NEST Direct College Savings Plan (NEST Direct Plan) Program Disclosure Statement and Participation Agreement (Program Disclosure Statement)*), individual, corporation, or other entity as your agent with the authority to transact business with your NEST Direct Plan 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 listed. Do not staple.

Forms can be downloaded from our website at www.NEST529Direct.com, or you can call us to order any form—or request assistance in completing this form—at **1.888.993.3746** any business day from 8 a.m. to 8 p.m. Central time.



1.888.993.3746

8 a.m. to 8 p.m. Central time M-F



www.NEST529Direct.com



clientservice@NEST529Direct.com

Regular mailing address:

**NEST Direct College Savings Plan
P.O. Box 30276
Omaha, NE 68103-1376**

Overnight mailing address:

**NEST Direct College Savings Plan
920 Main Street, Suite 900
Kansas City, MO 64105**

NOTICE: THIS DOCUMENT GIVES YOUR AGENT THE POWER TO TRANSACT BUSINESS WITH THE NEST DIRECT PLAN FOR YOU WITHOUT YOUR FURTHER CONSENT. THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING AND SUBJECT TO NEBRASKA LAW, INCLUDING THE NEBRASKA UNIFORM DURABLE POWER OF ATTORNEY ACT. ACTIONS TAKEN BY YOUR AGENT WILL BIND YOU AND YOUR SUCCESSORS.

IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. SUBJECT TO APPLICABLE LAW AND REGULATIONS AND THE TERMS AND CONDITIONS OF THE PLAN, YOU MAY REVOKE THIS POWER OF ATTORNEY IN THE FUTURE. IF YOU WISH TO REVOKE THIS POWER OF ATTORNEY YOU MUST NOTIFY THE AGENT IN WRITING WITH A COPY TO THE NEST DIRECT PLAN AT THE ADDRESS SET FORTH ABOVE.

THE PURPOSE OF THIS POWER OF ATTORNEY IS TO CONFER UPON AND GRANT TO THE PERSON YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO TRANSACT BUSINESS WITH THE NEST DIRECT COLLEGE SAVINGS PLAN, WHICH INCLUDES POWERS TO MAKE INVESTMENT DECISIONS, CONTRIBUTIONS, WITHDRAWALS, AND TAKE OTHER ACTION IN CONNECTION WITH THE NEST DIRECT PLAN WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. THIS FORM DOES NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS. WHEN POWERS ARE EXERCISED, YOUR AGENT MUST ACT FOR YOUR BENEFIT, AND USE THE CARE, COMPETENCE, AND DILIGENCE ORDINARILY EXERCISED BY AGENTS IN SIMILAR CIRCUMSTANCES, ALL IN ACCORDANCE WITH THE PROVISIONS OF THIS POWER OF ATTORNEY AND APPLICABLE LAW.

THIS POWER OF ATTORNEY IS INTENDED TO COMPLY WITH THE NEBRASKA UNIFORM DURABLE POWER OF ATTORNEY ACT AND SECTION 529 OF THE INTERNAL REVENUE CODE. IN THE EVENT OF A CONFLICT BETWEEN THIS POWER OF ATTORNEY AND NEBRASKA LAW, NEBRASKA LAW SHALL CONTROL. IN THE EVENT OF A CONFLICT BETWEEN THIS POWER OF ATTORNEY AND SECTION 529 OF THE INTERNAL REVENUE CODE, SECTION 529 OF THE INTERNAL REVENUE CODE WILL CONTROL.



* NEST DIR POA *

1. Account Owner information

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

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Social Security Number or Taxpayer Identification Number (Required)

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

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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 NEST Direct Plan **Organization Resolution Form**.

Relationship of Agent to Account Owner (Check one.)

Financial Professional Other (Provide Social Security number or other Tax ID number.) □□□ — □□ — □□□□□□

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Name of Agent (first, middle initial, last)

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Financial Professional Firm Name (If applicable)

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CRD number provided by FINRA (if you are a financial professional)

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Mailing Address

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City

State

Zip Code

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Telephone Number

BY SIGNING, ACCEPTING, OR ACTING UNDER THIS APPOINTMENT, I ASSUME THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT. I ACKNOWLEDGE THAT, AS AGENT, I WORK EXCLUSIVELY FOR THE BENEFIT OF THE ACCOUNT OWNER. I FURTHER ACKNOWLEDGE THAT I OWE A DUTY OF LOYALTY TO AND PROTECTION OF THE BEST INTERESTS OF THE ACCOUNT OWNER, A DUTY TO AVOID CONFLICTS OF INTEREST AND TO USE ORDINARY SKILL AND PRUDENCE IN THE EXERCISE OF THESE DUTIES. I AGREE TO DIRECT ANY BENEFITS DERIVED FROM THIS POWER OF ATTORNEY TO THE ACCOUNT OWNER.

SIGNATURE

Signature of Agent

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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 NEST Direct Plan 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 the NEST Direct Plan.
- 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) or terminating the above-referenced Accounts; 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 the NEST Direct Plan.

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