IDeal - Idaho College Savings Program

Power of Attorney

- Complete this form to designate an individual, corporation, or other entity as your agent with broad authority to act on your IDeal - Idaho College Savings Program (IDeal) Account(s).
- To grant an agent limited authority to act on your IDeal Account(s), do not use this form. Please complete the **Agent Authorization/Limited Power of Attorney Form** instead.
- This Power of Attorney form must be signed by the agent in **Section 2** and signed by the Account Owner and notarized in **Section 4.**
- If your agent is a corporation or other entity, the entity must also complete and submit an **Organization Resolution Form**.
- If there is anything about this form that you do not understand, you should consult with a lawyer of your own choosing 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.

1.866.433.2533
Monday to Friday 6 a.m. - 6 p.m. MT

www.idsaves.org

Regular mailing address:
IDeal – Idaho College Savings Program
P.O. Box 219944
Kansas City, MO 64121

Overnight mailing address:
IDeal – Idaho College Savings Program
1001 E 101st Terrace, Suite 200
Kansas City, MO 64131

Forms can be downloaded from our website at **www.idsaves.org**, or you can call us to order any form — or request assistance in completing this form — at **1.866.433.2533** any business day from 6 a.m. to 6 p.m., Mountain Time.

IMPORTANT INFORMATION: THIS POWER OF ATTORNEY AUTHORIZES ANOTHER PERSON (YOUR AGENT) TO MAKE DECISIONS CONCERNING YOUR PROPERTY FOR YOU (THE PRINCIPAL). YOUR AGENT CAN MAKE DECISIONS AND ACT WITH RESPECT TO YOUR PROPERTY (INCLUDING YOUR MONEY) WHETHER OR NOT YOU ARE ABLE TO ACT FOR YOURSELF.

YOU SHOULD SELECT SOMEONE YOU TRUST TO SERVE AS YOUR AGENT. THE AGENT'S AUTHORITY WILL CONTINUE UNITL YOUR DEATH UNLESS YOU REVOKE THE POWER OF ATTORNEY OR THE AGENT RESIGNS.

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 IDAHO UNIFORM POWER OF ATTORNEY ACT CONTAINED IN THE IDAHO CODE TITLE 15, CHAPTER 12. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. YOU MAY REVOKE THIS POWER OF ATTORNEY AT ANY TIME IF YOU 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 IDEAL - IDAHO COLLEGE SAVINGS PROGRAM PURSUANT TO IDAHO'S UNIFORM POWER OF ATTORNEY ACT CONTAINED IN IDAHO CODE TITLE 15, CHAPTER 12, WHICH MAY INCLUDE POWERS TO MAKE INVESTMENT DECISIONS, CONTRIBUTIONS, WITHDRAWALS, AND TAKE OTHER ACTION IN CONNECTION WITH YOUR IDEAL - IDAHO COLLEGE SAVINGS PROGRAM ACCOUNTS 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 IN YOUR BEST INTEREST 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 IDAHO LAW NOT SPECIFIED IN THIS FORM.

IF YOU HAVE QUESTIONS ABOUT THE POWER OF ATTORNEY OR AUTHORITY YOU ARE GRANTING TO YOUR AGENT, YOU SHOULD SEEK LEGAL ADVICE BEFORE SIGNING THIS FORM.

1. Account Owner information

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

Last 4 digits of 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.)*

2. Agent information

Note: If your agent is a corporation or other entity, the entity must also complete and submit an **IDeal Organization Resolution Form**. The Organization Resolution Form will identify the entity, officer, or other person authorized to act on behalf of the entity listed below.

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 IDeal 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 IDeal.
- 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 IDeal.

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, for myself and my heirs, executors, legal representatives, and assigns, hereby agree to indemnify and hold harmless the State of Idaho, the Idaho College Savings Program, the Idaho College Savings Program Board, its members and staff, and the staff and offices of the Board's members, any other agency of the State, The Vanguard Group, Inc., Ascensus College Savings Recordkeeping Services, LLC, their respective affiliates, officers, agents and employees, and any and all affiliated or nonaffiliated third parties (collectively, the "third parties", and individually, a "third party") from and against any and all claims that may arise or do arise against such third party by reason of any action or inaction by such third party having relied on the provisions of this Power of Attorney, including any claims that arise from acting on instructions believed by any of them to have originated from my agent, and to pay such third party promptly on demand, for any and all losses arising out of any act by my agent under this Power of Attorney. This indemnification and hold harmless provision shall survive any termination of this Power of Attorney. I agree that any third party who receives a copy of this Power of Attorney 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.

A POWER OF ATTORNEY IS AN IMPORTANT LEGAL DOCUMENT. IF THERE IS ANYTHING ABOUT THIS POWER OF ATTORNEY THAT YOU DO NOT UNDERSTAND, CONSULT AN ATTORNEY KNOWLEDGABLE IN IDAHO LAW RATHER THAN SIGN THIS POWER OF ATTORNEY.

➤ SIGNATURE

Signature of Account Owner

☐☐ – ☐☐ – ☐☐☐☐

Date *(mm/dd/yyyy)*

Your signature must be notarized. See below. We cannot accept a signature guarantee in place of a notary's seal.

STATE OF ______________________)

)ss.:

COUNTY OF ____________________)

This document was acknowledged before me on____________ *(date)* by ________________________________ *(name of Account Owner)*, who certifies the correctness of the signature of the Account Owner.

➤ SIGNATURE

Signature of Notary

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Date *(mm/dd/yyyy)*

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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.**

ideal IDAHO COLLEGE SAVINGS PROGRAM