TD Ameritrade

TD Ameritrade 529 College Savings Plan

Limited Power of Attorney

- Use this form to designate a Financial Professional *(as defined in the TD Ameritrade 529 College Savings Plan (TD Ameritrade Plan) Program Disclosure Statement and Participation Agreement (Program Disclosure Statement)*, individual, corporation, or other entity as your agent with limited authority to act on your TD Ameritrade Plan Account(s). To grant an agent complete powers to act on your TD Ameritrade Plan Account(s), please complete the **Power of Attorney Form.**
- You may only designate one level of authorization in **Section 3** for the Account(s) listed on this form. To grant a different level of authorization for your other Account(s), please complete a separate form.
- This **Limited 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 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.

You can call us to order any form — or request assistance in completing this form — at **1.800.431.3500** any business day from 8 a.m. to 8 p.m. Central time.

1.800.431.3500
8 a.m. to 8 p.m. Central time M-F

tdameritrade@NEST529.com

Mailing address:
TD AMERITRADE Institutional
4075 Sorrento Valley Blvd., Suite A
San Diego, CA 92121

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 UNDER THE NEBRASKA UNIFORM DURABLE POWER OF ATTORNEY ACT, NEB. REV. STAT. 30-2664 THROUGH 30-2672. 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 CONFER UPON AND GRANT TO THE PERSON YOU DESIGNATE (YOUR "AGENT") LIMITED POWERS TO HANDLE YOUR ACCOUNTS WITH THE TD AMERITRADE 529 COLLEGE SAVINGS PLAN, WHICH MAY INCLUDE POWERS TO MAKE INVESTMENT DECISIONS, CONTRIBUTIONS, WITHDRAWALS, AND TAKE OTHER ACTION IN CONNECTION WITH THE TD AMERITRADE PLAN IN ACCORDANCE WITH THE PROVISIONS OF THIS FORM 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 NEBRASKA LAW NOT SPECIFIED IN THIS FORM.

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1. Account Owner information

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

Social Security Number or Taxpayer Identification Number ***(Required)***

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

Permanent Street Address *(P.O. boxes are **not** acceptable.)*

City

State

Zip Code

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 TD Ameritrade Plan **Organization Resolution Form.**

Relationship of Agent to Account Owner *(Check one.)*

☐ Financial Professional ☐ Other *(Provide Social Security number or other Tax ID number.)*

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

Financial Professional Firm Name *(If applicable)*

Financial Professional ID Number *(If applicable)*

Mailing Address

City

State

Zip Code

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 LIMITED POWER OF ATTORNEY TO THE ACCOUNT OWNER.

SIGNATURE

Signature of Agent

Date *(mm/dd/yyyy)*

3. Authorization level

I, the Account Owner listed in **Section 1,** appoint the Agent listed in **Section 2** as my agent. *Please initial the appropriate level of access that applies to the Account(s) listed in **Section 1**.*

Note: If you have more than one Account and you wish to designate different levels of access for your different Account(s), complete a separate form for each Account.

☐ **Level 1 — Account Inquiry Access.** To obtain information about my Account(s), and receive duplicate Account statements from the TD Ameritrade Plan.*

☐ **Level 2 — Account Inquiry Access, Contributions, and Investment Option Changes.** To obtain information about my Account(s), and receive duplicate Account statements from the TD Ameritrade Plan. To contribute money to the above-referenced Account(s) and to move money among Investment Options within each of the above-referenced Account(s).*

* The authority granted herein is limited to the level of authority specified above. My agent shall have no authority to take any other action, including, but not limited to:

- Changing the address of record on my Account(s),
- Adding, deleting, or changing any banking information with respect to my Account(s),
- Changing the Beneficiary,
- Signing or e-signing an Enrollment Form or otherwise opening a new Account on my behalf,
- Transferring assets to a new Account, or
- Withdrawing assets from my Account.

4. Signature and notarization — YOU MUST SIGN BELOW

UNLESS YOU DIRECT OTHERWISE, THIS LIMITED POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED OR TERMINATED AS SPECIFIED BELOW. THIS LIMITED POWER OF ATTORNEY WILL CONTINUE TO BE EFFECTIVE EVEN IF YOU BECOME DISABLED, INCAPACITATED, OR INCOMPETENT.

THIS LIMITED 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 LIMITED 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 this limited 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 TD Ameritrade Plan, the Nebraska Educational Savings Plan Trust, the State of Nebraska, the Nebraska State Treasurer, the Nebraska Investment Council, or any of their authorized agents or affiliates, the Program Manager or its authorized agents and any of their respective affiliates, agents, and employees, TD Ameritrade and its authorized agents and any of their affiliates, and any third party acting hereunder *(any of such persons, individually, a "third party")* in connection with the TD Ameritrade Plan, 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 ATTORNEY BEFORE SIGNING.

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

☐☐ – ☐☐ – ☐☐☐☐

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.**

Trustee

First National Bank Omaha

Program Manager