NEST Direct Plan
Nebraska Educational Savings Trust

NEST Direct College Savings Plan

Limited Power of Attorney

- Use this form to designate a financial professional *(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 limited authority to transact business with your NEST Direct Plan Account(s). To grant an agent complete powers to act on your NEST Direct 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.

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 TAKE CERTAIN ACTIONS IN CONNECTION WITH THE NEST DIRECT PLAN FOR YOU WITHOUT YOUR FURTHER CONSENT. THE POWERS GRANTED ARE SIGNIFICANT 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") THE POWERS DESIGNATED HEREIN TO TRANSACT BUSINESS WITH THE NEST DIRECT 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.

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1. Account Owner information

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

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

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 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.)*

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

Financial Professional Firm Name *(If applicable)*

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

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.

Initial **Level 1 — Account Inquiry Access.** To obtain information about my Account(s), and receive duplicate account statements from the NEST Direct Plan.*

Initial **Level 2 — Account Inquiry Access, Contributions, and Investment Option Changes.** To obtain information about my Account(s), and receive duplicate Account statements from the NEST Direct 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).*

Initial **Level 3 — Account Inquiry Access, Contributions, Exchanges, and Qualified WIthdrawals.** To obtain information about my Account(s), and receive duplicate Account statements from the NEST Direct 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). To make qualified withdrawals, now or in the future, from the above-referenced Account(s).*

*The authority granted in Level 1, 2 or 3 Access 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, or
- Transferring assets to a new 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. UNLESS YOU HAVE NAMED A SUCCESSOR ACCOUNT OWNER UNDER NEBRASKA LAW AND THAT SUCCESSOR ACCOUNT OWNER IS NOT YOUR AGENT, IN WHICH CASE THIS POWER OF ATTORNEY WILL TERMINATE AUTOMATICALLY.

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 and hold harmless the NEST Direct Plan, the Nebraska Educational Savings Plan Trust, the State of Nebraska, the Nebraska State Treasurer, the Nebraska Investment Council, the Program Manager or its authorized agents, 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 the NEST Direct 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.

Do not sign below until you are in the presence of the authorized notary providing the notary service.

SIGNATURE

Signature of Account Owner

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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:

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Date *(mm/dd/yyyy)*

Notary to place seal here

Applies to signature in **Section 4.**

Nebraska Educational Savings Plan Trust, Issuer. Nebraska State Treasurer, Trustee. Nebraska Investment Council, Investment Oversight. First National Bank of Omaha, Program Manager. First National Capital Markets, Inc. Distributor, Member FINRA, SIPC. First National Capital Markets and First National Bank of Omaha are affiliates.

Nebraska State Treasurer, Trustee

First National Bank Omaha

Program Manager