NEST 529 ADVISOR PLAN

Power of Attorney

Return this Form to:

NEST Advisor 529
P.O. Box 84529
Lincoln, NE 68501-4529

Overnight Mail:

NEST Advisor 529
3606 South 48th Street
Lincoln, NE 68506

If you have questions, please call us at **888.659.6378,** Monday–Friday, 7 a.m. to 7 p.m. (CT).

INSTRUCTIONS:

- Use this form to designate a financial advisor, individual, corporation, or other entity to act as your agent with the authority to transact business with your NEST Advisor College Savings Plan Account(s).
- This 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.

NOTICE: THIS DOCUMENT GIVES YOUR AGENT THE POWER TO TRANSACT BUSINESS WITH THE NEST ADVISOR COLLEGE SAVINGS PLAN FOR YOU WITHOUT YOUR FURTHER CONSENT. THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING AND SUBJECT TO APPLICABLE LAW. ACTIONS TAKEN BY YOUR AGENT WILL BIND YOU AND YOUR SUCCESSORS.

YOU, AS NEST ADVISOR COLLEGE SAVINGS PLAN ACCOUNT OWNER AND YOUR AGENT, REPRESENTATIVE OR ATTORNEY-IN-FACT, HEREBY ACKNOWLEDGE AND AGREE THAT THIS POWER OF ATTORNEY FORM (PRIOR TO BEING FILLED OUT AND MODIFIED APPROPRIATELY BY YOU AND YOUR ATTORNEY AND SUBMITTED BY YOU) MAY, OR MAY NOT, COMPLY WITH ALL APPLICABLE STATE, FEDERAL AND LOCAL LAWS AND REGULATIONS, NOW EXISTING OR AS HEREAFTER AMENDED; YOU AGREE TO WORK WITH YOUR AGENT AND YOUR ATTORNEY TO MAKE ANY MODIFICATIONS NECESSARY OR APPROPRIATE IN ORDER TO ENSURE THAT THIS POWER OF ATTORNEY FORM IS OR IS MODIFIED TO BECOME COMPLIANT WITH ALL SUCH APPLICABLE LAWS AND REGULATIONS, AND NONE OF THE PARTIES INDEMNIFIED UNDER SECTION 4 SHALL BE RESPONSIBLE OR LIABLE IN ANY MANNER FOR FAILURE OF THIS POWER OF ATTORNEY FORM TO SO COMPLY. YOU HEREBY REPRESENT AND WARRANT THAT THE POWER OF ATTORNEY FORM AS SUBMITTED COMPLIES WITH ALL APPLICABLE STATE, FEDERAL AND LOCAL LAWS AND REGULATIONS, THAT YOUR AGENT IS QUALIFIED TO SERVE AS SUCH UNDER ALL APPLICABLE STATE, FEDERAL AND LOCAL LAWS AND REGULATIONS (INCLUDING BUT NOT LIMITED TO THE INTERNAL REVENUE CODE OF 1986 AS AMENDED).

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 NEST ADVISOR COLLEGE SAVINGS 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 ADVISOR COLLEGE SAVINGS 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 ADVISOR COLLEGE SAVINGS PLAN, WHICH INCLUDES POWERS TO MAKE INVESTMENT DECISIONS, CONTRIBUTIONS, WITHDRAWALS, AND TAKE OTHER ACTION IN CONNECTION WITH THE NEST ADVISOR COLLEGE 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. 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 APPLICABLE STATE LAW AND SECTION 529 OF THE INTERNAL REVENUE CODE. IN THE EVENT OF A CONFLICT BETWEEN THIS POWER OF ATTORNEY AND APPLICABLE STATE LAW, APPLICABLE STATE 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.

1. Account Owner Information

Name (First, M.I., Last): ____________________

Street Address: ____________________

City, State, Zip: ____________________

Account Number(s): __________ __________ __________

Mobile Phone Number: ____________________

Secondary Phone Number: ____________________

2. Agent Information

(**Note:** If your agent is a corporation or other entity, the entity must also complete and submit a NEST Advisor College Savings Plan **Organization Resolution Form**.)

Relationship of Agent to Account Owner (check one)**:**

☐ Financial Advisor

☐ Other (Provide Social Security Number or other Taxpayer Identification Number.) ____________________

Please Complete:

Name of Agent (First, M.I., Last): ____________________

Financial Advisor Firm Name (if applicable): ____________________

CRD number provided by FINRA (if you are a financial advisor): ____________________

Mailing address: ____________________

City, State, Zip: ____________________

Mobile Phone Number: ____________________

BY SIGNING, ACCEPTING, OR ACTING UNDER THIS APPOINTMENT, THE UNDERSIGNED ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT. THE UNDERSIGNED ACKNOWLEDGES THAT, AS AGENT, THE UNDERSIGNED WORKS EXCLUSIVELY FOR THE BENEFIT OF THE ACCOUNT OWNER. THE UNDERSIGNED FURTHER ACKNOWLEDGES THAT THE UNDERSIGNED OWES 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. THE UNDERSIGNED AGREES TO DIRECT ANY BENEFITS DERIVED FROM THIS POWER OF ATTORNEY TO THE ACCOUNT OWNER.

Signature and Date Required

X ____________________

Signature of Agent / Attorney-in-Fact Date

3. Authorization

The Account Owner listed in Section 1, appoints the Agent listed in Section 2, as the Account Owner's agent to act for the Account Owner in any lawful way that the Account Owner may act with respect to the NEST Advisor College Savings Plan Account(s) identified in Section 1. This includes, but is not limited to:

- Transferring assets to a new Account
- Opening a new Account on the Account Owner's behalf
- Withdrawing money from an Account
- Terminating an Account
- Changing Investment Options
- Changing the Beneficiary
- Receiving duplicate account statements

4. Signature

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. UNLESS YOU HAVE NAMED A SUCCESSOR ACCOUNT OWNER UNDER APPLICABLE LAW AND THAT SUCCESSOR ACCOUNT OWNER IS NOT YOUR AGENT, IN WHICH CASE THIS POWER OF ATTORNEY WILL TERMINATE AUTOMATICALLY. 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.

The Account Owner agrees 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 the Account Owner's 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. The Account Owner, for the Account Owner and his or her heirs, executors, legal representatives and assigns, agrees to indemnify and hold harmless the NEST Advisor College Savings Plan, the Nebraska Educational Savings Plan Trust, the State of Nebraska, the Nebraska State Treasurer, the Nebraska Investment Council, the Program Manager or their authorized agents and any of their respective affiliates, agents, and employees, Northern Trust Securities, Inc. and its affiliates, and any third party acting hereunder (*any of such persons or entities, a "third party"*) in connection with the NEST Advisor College Savings 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 and Date Required

X ____

Signature of Account Owner Date

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.

X ____

Signature of Notary Date

Name of Notary (First, M.I., Last): ____

My commission expires (mm/dd/yyyy): ____________________

Notary to place seal here

Applies to signature in **Section 4.**

December 2020

Union Bank & Trust
Program Manager

Northern Trust Securities, Inc.
Distributor