




Colorado ABL Agent Authorization/Power of Attorney

- Complete this form to designate someone as your Agent with authority to act on your ABL Account.
- You may only designate **one level of authorization** in **Section 3** for the Account listed on this form.
- This **Agent Authorization/Power of Attorney Form** must be signed by the Account Owner in **Section 4**. If you are selecting levels 2, 3, or 4 your signature must be notarized.
- This **Agent Authorization/Power of Attorney Form** must also be signed by the Agent in **Section 2** if Level 2, 3, or 4 is granted. Level 1 authorization does not require a signature by the Authorized Agent.
- If there is anything about this form that you do not understand, you should seek legal advice.
- 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 co.savewithable.com, or you can call us to order any form — or request assistance in completing this form — at **1.888.609.3468** any business day from 8 a.m. to 5 p.m. MT.

 **1.888.609.3468**
8 a.m. to 5 p.m. MT M-F

 **co.savewithable.com**

 **co.clientservice@savewithable.com**

Regular mailing address:

Colorado ABL
P.O. Box 219431
Kansas City, MO 64121

Overnight mailing address:

Colorado ABL
920 Main Street, Suite 900
Kansas City, MO 64105

WARNING TO PERSON EXECUTING THIS DOCUMENT

THIS IS AN IMPORTANT LEGAL DOCUMENT WHICH IS AUTHORIZED BY THE LAWS OF EACH MEMBER STATE, AS DEFINED IN THE NATIONAL ABLE ALLIANCE PLAN DISCLOSURE STATEMENT (THE "PLAN DISCLOSURE STATEMENT"). THE POWERS GRANTED BY THIS DOCUMENT ARE DEFINED BY THE LAWS OF EACH MEMBER STATE.

NOTICE: THIS DOCUMENT GIVES YOUR AGENT THE LIMITED POWERS YOU HAVE DESIGNATED TO ACT FOR YOU, WITHOUT YOUR FURTHER CONSENT. ACTIONS TAKEN BY YOUR AGENT WILL BIND YOU AND YOUR SUCCESSORS.

THE PURPOSE OF THIS POWER OF ATTORNEY IS TO CONFER UPON AND GRANT TO THE PERSON YOU DESIGNATE (YOUR "AGENT") POWER TO TRANSACT BUSINESS WITH THE COLORADO ABLE PLAN, AS DEFINED IN THE PLAN DISCLOSURE STATEMENT, GENERAL AUTHORITY TO THE EXTENT OF THE POWERS SPECIFICALLY AUTHORIZED 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.

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. IF YOU WISH TO REVOKE THIS POWER OF ATTORNEY YOU MUST NOTIFY THE AGENT IN WRITING WITH A COPY TO COLORADO ABLE AT THE ADDRESS SET FORTH ABOVE.

THIS POWER OF ATTORNEY IS INTENDED TO COMPLY WITH THE LAWS OF EACH MEMBER STATE. IN THE EVENT OF A CONFLICT BETWEEN THIS POWER OF ATTORNEY AND THE LAWS OF A MEMBER STATE, THE LAWS OF THE MEMBER STATE SHALL CONTROL. YOU MAY HAVE OTHER RIGHTS OR POWERS UNDER THE LAWS OF THE MEMBER STATE NOT SPECIFIED IN THIS FORM.



1. Account Owner information (All information in this section is required.)

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Social Security Number or Taxpayer Identification Number

□□□□□□□□□□□□ — □□

Account Number

□□□

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

□□□

Permanent Street Address (A P.O. box or rural route number is **not** acceptable.)

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City

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State

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Zip Code

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Telephone Number

2. Agent information (All information in this section is required.)

□□□

Name of Agent (first, middle initial, last)

□□□□ — □□ — □□□□

Social Security number or other Tax ID number

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Mailing Address

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City

□□

State

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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 ACT 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 (Required for Authorization Level 2, 3, or 4)

□□ — □□ — □□□□

Date (mm/dd/yyyy)

3. Authorization level *(Please select only one of the four levels of authorization below.)*

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 listed in **Section 1**).*

Initial**Level 1 — Account Inquiry Access.**

- Obtain information about the account.
- Receive duplicate Account statements from CO ABLE.

Initial**Level 2 — Authorization - Level 1 plus the following**

- Contribute money to the Account.
- Move money among Investment Options within the Account.

Initial**Level 3 — Authorization - Level 1 and 2 plus the following**

- Withdraw now or in the future, money from the account.

Initial**Level 4 — Authorization - grants the Authorized Agent Level 1, 2 and 3 plus the following.**

- Transfer Account ownership to an Eligible Individual who is a Member of the Family
- Close the Account

The authority in Level 1, 2, 3, or 4 access is limited to the level of authority specified in each level.

