ENable SAVINGS PLAN

Enable Savings Plan

Authorized Individual Change of Signatory Form

This form can be completed by a person, or by an authorized representative of an Entity in the name of the Entity, to:

1. Be added as an Authorized Individual on an existing Enable Savings Plan Account. (Please complete **Sections 1, 2,** and **4**.)
2. Replace an existing Authorized Individual on an existing Enable Savings Plan Account. (Please complete **Sections 1, 2, 3,** and **4**.)

- An Authorized Individual may manage and transact on the Account. An Authorized Individual may be the Account Owner's agent under a power of attorney, or if none, conservator or legal guardian, spouse, parent, sibling, grandparent, or representative payee appointed for the Account Owner by the Social Security Administration, in that order of priority.
- **Account Owners with Legal Capacity** may designate any person or Entity to act as an Authorized Individual. To do so, the Account Owner must appoint this person or Entity as their agent under a power of attorney. A **Power of Attorney Form** is available online at www.EnableSavings.com.
  - A copy of the power of attorney should be retained with your records.
  - When completing Section 2, Reason for Adding Authorized Individual check box next to "Account Owner with Legal Capacity has granted the person or the Entity power of attorney to manage the Account."
- **For Account Owners who lack Legal Capacity,** an Authorized Individual may be the Account Owner's agent under a power of attorney, or if none, conservator or legal guardian, spouse, parent, sibling, grandparent, or representative payee appointed for the Account Owner by the Social Security Administration, in that order of priority.
- Review the Program Disclosure Statement prior to completing this form for important information about serving as an Authorized Individual.
- Capitalized terms used in this form, but not defined in this form, have the meanings provided in the Program Disclosure Statement.
- Type or print clearly, printing in capital letters and black ink. Please mail the form to Enable Savings Plan. Do not staple.

Forms can be downloaded from the Plan's website at **www.EnableSavings.com** or you can call Enable Savings Plan to request any form — or request assistance in completing this form — at **844.ENABLE4 (844.362.2534)** any business day from 8 a.m. to 8 p.m. Central Time.

844.ENABLE4 (844.362.2534)
8 a.m. to 8 p.m. Central Time M-F

FAX **1-617-559-2479**

www.EnableSavings.com

clientservices@EnableSavings.com

Regular mailing address:
Enable Savings Plan
PO Box 219187
Kansas City, MO 64121

Overnight mailing address:
Enable Savings Plan
1001 E 101st Terrace, Suite 200
Kansas City, MO 64131

1. Account Owner information

Account Number

Account Owner's Legal First Name (M.I.)

Account Owner's Legal Last Name

Last 4 digits of Account Owner's Social Security Number

Telephone Number

2. Add Authorized Individual on an Existing Account

To be completed by the person, or by an authorized representative of an Entity in the name of the Entity, that is being added as an Authorized Individual to an existing Account.

- The Authorized Individual is the person or Entity that can transact on the Account on behalf of the Account Owner. The Authorized Individual may be any person or Entity selected by an Account Owner with Legal Capacity, or the Account Owner's agent under a power of attorney, or, if none, a conservator or legal guardian, spouse, parent, sibling, grandparent, or representative payee appointed by the Social Security Administration, in that order of priority.
- It is the responsibility of an Authorized Individual to manage the Account in accordance with any legal documentation, such as guardianship or conservator documents or powers of attorney, that governs the Authorized Individual's authority.
- For Account Owners who lack Legal Capacity, the current Authorized Individual will typically be the person authorized to write checks and use the debit card.
- The Authorized Individual being added should review ALL current Account information and settings to verify accuracy and update as needed. To update Account information, complete and submit the **Account Information Update Form** and/or the **Account Financial Features Form**.

Reason for Adding Authorized Individual

Please check the box that applies. See cover page for any documentation required by the Plan.

☐ Authorized Individual is replacing current Authorized Individual on the Account. Existing Authorized Individual will be required to sign this form in **Section 3**. (Any existing Account login credentials and E-delivery settings, and any existing debit card on the Checking Account Option, will be disabled. Statement delivery will revert to paper delivery. To establish new login credentials and set up E-delivery, or to order a new debit card, the new Authorized Individual should contact the Plan for assistance).

☐ Account Owner has lost Legal Capacity to manage the Account. (Any existing Account login credentials and E-delivery settings, and any existing debit card on the Checking Account Option, will be disabled. Statement delivery will revert to paper delivery. To establish new login credentials and set up E-delivery, or to order a new debit card, the new Authorized Individual should contact the Plan for assistance).

☐ Account Owner with Legal Capacity has granted the person or the Entity power of attorney to manage the Account.

New Authorized Individual Information

If the new Authorized Individual is a person, complete this section in its entirety.

For Entities: Provide the name of the Entity in the First or Last Name boxes. Provide the Entity's taxpayer identification number. Leave the birth date and citizenship boxes blank. Include the telephone number, street and mailing address of the Entity.

New Authorized Individual's Legal First Name (M.I.)

New Authorized Individual's Legal Last Name/Entity Name

Authorized Individual's Social Security Number (SSN) or Taxpayer Identification Number

Birth Date (mm/dd/yyyy)

Citizenship (If other than U.S. citizen, please indicate country of citizenship).

Telephone Number

☐ Check if address is the same as Account Owner, otherwise complete the:

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

City State Zip Code

Authorized Individual's Identity Verification (Required)

Note: To help the government prevent the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens or assumes signature authority over an Account.

For Entities serving as Authorized Individuals, the information below is not required. Instead the Entity must submit a completed Entity Identity Verification and Signatory Form if not already on file with the Plan.

Authorized Individual driver's license, state-issued I.D. military I.D., or passport number (7-15 digits) State Expiration Date (mm/dd/yyyy)

Please check one: ☐ Driver's license ☐ State-issued I.D. ☐ Military I.D. ☐ Passport

Passport country of issue

Authorized Individual's mother's maiden name

New Authorized Individual Certification

Check the appropriate box(es) below, read the certifications, and initial below.

I hereby certify under penalties of perjury that I am the Account Owner's: (Select all that apply)

1. ☐ Power of Attorney
2. ☐ Conservator OR ☐ Legal Guardian
3. ☐ Spouse
4. ☐ Parent
5. ☐ Sibling
6. ☐ Grandparent
7. ☐ SSA-appointed Representative Payee

By signing **Section 4** of this **Change of Signatory Form**, the Authorized Individual is acknowledging the certifications below:

I hereby certify under penalties of perjury that I am adding myself or my organization/Entity as an Authorized Individual for an eligible minor or eligible adult who does not have Legal Capacity or as an Authorized Individual for an eligible adult who has Legal Capacity, as defined in the Program Disclosure Statement. I further certify under penalties of perjury that I am the above-selected Authorized Individual type and that any legal documentation provided by me is true and correct. (See the Program Disclosure Statement to determine what documentation, if any, the Plan requires to confirm the Authorized Individual's relationship to the Account Owner and authority to manage the Account on behalf of the Account Owner). I further certify under penalties of perjury that no other individual or Entity that is willing and able to act as Authorized Individual ranks higher on the above list of possible Authorized Individuals and that I will notify the Plan if my authority expires or is removed. If I am adding myself as an Authorized Individual for an eligible adult who has Legal Capacity, I certify under penalties of perjury that I am the person or representative of the Entity selected by the Account Owner to manage the Account on their behalf. I acknowledge that I have received, read, understand, and agree to be bound by the terms, conditions and responsibilities stated in the Program Disclosure Statement as currently in effect. I agree to read and obtain understanding of any future Supplements to the Program Disclosure Statement issued during the time I am an Authorized Individual.

3. Remove existing Authorized Individual on an existing Account

To be completed by the person, or by an authorized representative of an Entity in the name of the Entity, that is replacing an existing Authorized Individual for an Account Owner who lacks Legal Capacity.

Reason for removing the existing Authorized Individual

☐ Existing Authorized Individual has died or has lost capacity to serve.

☐ Existing Authorized Individual is relinquishing signature authority on the Account. (Existing Authorized Individual must sign **Section 3** of this form.

☐ Existing Authorized Individual is lower in the order of priority.

Signature of existing Authorized Individual

As the existing Authorized Individual, I hereby relinquish signature authority over the Account.

Existing Authorized Individual's Legal First Name (M.I.)

Existing Authorized Individual's Legal Last Name

SIGNATURE

Signature of Existing Authorized Individual

Date (mm/dd/yyyy)

The Existing Authorized Individual's signature must be notarized. We cannot accept a signature guarantee in place of a notary's seal.

STATE OF _____)

COUNTY OF _____)

This instrument was acknowledged before me on _____ (date) by _____ (name of Existing Authorized Individual), who certifies the correctness of the signature.

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 3**.

4. Certifications and Signature of New Authorized Individual

I understand that by signing below, I hereby acknowledge that I have received, read, understand, and agree to the terms and conditions of the Program Disclosure Statement (which includes a Participation Agreement and the Fifth Third Terms and Conditions) as in effect on the date hereof which govern all aspects of this Account and are incorporated herein by reference. I will retain a copy of the Program Disclosure Statement for my records. Additionally, I agree to be bound by the terms and conditions of any Supplement or revision to the Program Disclosure Statement issued by the Plan during the time that I am an Authorized Individual. Capitalized terms that are used in this form, but not defined herein, have the meanings provided in the Program Disclosure Statement.

I acknowledge and agree that I am bound by the terms, rights, and responsibilities stated in the Program Disclosure Statement and this form and by any and all statutory, administrative, and operating procedures that govern the Plan. I understand that the Program Disclosure Statement, all subsequently added Supplements or revisions to the Program Disclosure Statement, Authorized Individual Change of Signatory Form and any subsequent forms signed by me constitute the entire agreement between me and the Plan.

I understand that with the exception of the Checking Account Option, investments are not guaranteed or insured by the FDIC or any other government agency and are not deposits or other obligations of any depository institution. The Checking Account Option is insured by the FDIC up to $250,000, subject to certain limitations. Contributions to and returns earned on Investment Options are not guaranteed or insured by the Plan Administrators and are subject to investment risks including the loss of the principal amount invested.

I understand that participation in the Plan does not guarantee that contributions and the investment return on contributions, if any, will be adequate to cover the Qualified Disability Expenses of the Account Owner.

I understand that there is no guarantee that the Plan will continue to meet the requirements of Section 529A of the Code or that the Account will continue to be eligible to receive the benefit of Section 529A or the ABLE Act.

If the Account utilizes the Checking Account Option now or in the future, I hereby acknowledge that I have received, read, and that by signing below, agree to the Fifth Third Terms and Conditions.

By signing this Authorized Individual Change of Signatory Form, I am making the following certifications under penalties of perjury:

- I certify under penalties of perjury that all of the information I have provided on this Authorized Individual Change of Signatory Form is accurate and complete.
- I certify, under penalties of perjury, upon gaining access to the Account, I will review and confirm that the information previously provided regarding the Account Owner's disability, the Account Owner's status as an Eligible Individual, and the basis for the Account Owner's eligibility remains accurate and complete.
- I certify under penalties of perjury that I will promptly notify the Plan if changes in the Account Owner's condition would result in the Account Owner no longer qualifying as an Eligible Individual.
- I certify under penalties of perjury that I will notify the Plan if my authority to serve as the signatory on this Account expires or is removed.
- If the Account Owner is an employed Account Owner (including self-employed individuals) as described in the Program Disclosure Statement and intends to make compensation contributions such that the total annual contributions to the Account will exceed the Annual Contribution Limit, I certify under penalties of perjury that (1) the Account Owner is employed, (2) the Account Owner has neither made nor received contributions to a 401(k) or other defined contribution plan (within the meaning of section 414(i) of the Code with respect to which the requirements of sections 401(a) or 403(a) of the Code are met), 403(b) plan, or 457(b) plan in the same calendar year as the compensation contributions, and (3) the Account Owner's contributions of compensation are not excess contributions as described in the Program Disclosure Statement.
- If I am managing the Account as the Authorized Individual a) for an Account Owner who lacks the Legal Capacity to establish or manage an Account, or b) for an Account Owner with Legal Capacity to establish or manage an Account and who has granted me power of attorney, I certify under penalties of perjury that I am of legal age in my state of residence and that I have appropriate authorization to manage an ABLE account for the Account Owner, including the ability to transact, and maintain a financial account on behalf of the Account Owner.
- If I am managing the Account as the Authorized Individual for an adult who has granted me power of attorney, I certify under penalties of perjury that (1) the Account Owner was able and competent at the time the power of attorney was executed, (2) the power of attorney remains in full force and effect and has not been withdrawn, amended or removed, and (3) the Account Owner is still living.
- I certify under penalties of perjury that I neither know nor have reason to know that the Account Owner already has another existing ABLE account.

I agree to promptly inform the Plan in the event that any of the foregoing certifications become untrue. I understand and acknowledge that the Plan has the right to suspend or terminate the Account and return the balance of the Account (which withdrawal may result in a Non-Qualified Withdrawal) to the Account Owner, as applicable, if the Plan has reasonable grounds to believe that any of the foregoing certifications is untrue.

New Authorized Individual named in Section 2 (First, Middle Initial, Last)

SIGNATURE

Signature of New Authorized Individual

Date (mm/dd/yyyy)