



### **Enable Savings Plan**

# **Co-Guardian & Release Form**

- This form is to be used to designate two Co-Guardians or Co-Conservators as Authorized Individuals on an account in instances where Co-Authorized Individuals must act jointly.
- 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 **www.EnableSavings.com**, or you can call us to order any form—or request assistance in completing this form—at **1.844.362.2534** 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
www.EnableSavings.com
<b>≥</b> 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

Account Owner information (All information in this section	is required.)
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 <b>not</b> acceptable.)	
City	State Zip Code
Telephone Number	

### DO NOT STAPLE

# 2. Co-Authorized Individual information (All information in this section is required.)

Co-Author	ized Individua	Α												
Name of Co-A	uthorized Individual	(first, middle	initial,	last)										
Social Security			r											
Mailing Addre	SS S													
City							S	tate	Zip C	ode		] —		
Telephone Nur														
Co-Author	ized Individua	I B												
Name of Co-A	uthorized Individual	(first, middle	nitial,	last)										
Social Security	y number or other Ta		r											
Mailing Addre	SS S													
City							S	tate	Zip C	ode		] —		
		$\neg - \sqcap$												

### DO NOT STAPLE

# 3. Signature, indemnification, and notarization—YOU MUST SIGN BELOW

Each of the undersigned jointly and severally certifies the following:								
I have been appointed by a judge to be a guardian or conservator of	("Account Owner").							
Under the terms of judicial appointment, I have the authority to make financial decisions and conduct financial transactions on behalf of the Account Owner, which includes maintaining an ABLE account, writing and depositing checks, and using a debit card.								
I have provided a copy of the documents establishing my appointment.								
My appointment does not expire, has not been revoked and continues to be in	effect in every way.							
I neither have nor will acquire any beneficial interest in the Account (as define Owner's lifetime.	neither have nor will acquire any beneficial interest in the Account (as defined in the Plan Disclosure Documents) during the Account Owner's lifetime.							
I will administer the Account for the benefit of the Account Owner and in account	ordance with my fiduciary duties.							
I agree that any instruction provided by me or transaction made by me includes the advanced consent and authorization of the other Co-Authorized Individual, and I agree that I will not provide any instruction nor make any transaction without the advanced consent and authorization of the other Co-Authorized Individual.								
I AGREE TO INDEMNIFY AND HOLD HARMLESS EACH OF THE PLAN ADMINISTRATORS (AS DEFINED IN THE PLAN DISCLOSURE DOCUMENTS) AND FIFTH THIRD BANK, NATIONAL ASSOCIATION FROM AND AGAINST ANY AND ALL CLAIMS, LOSSES, DAMAGES, LIABILITIES, OR EXPENSES, INCLUDING REASONABLE ATTORNEYS' FEES AND COSTS, THAT ANY OF THEM MAY INCUR IN ANY WAY RELATED TO THE CERTIFICATIONS I HAVE MADE ABOVE, OR BY REASON OF, OR IN CONNECTION WITH, ANY ACT OR OMISSION COMMITTED BY ME OR ANY OTHER AUTHORIZED INDIVIDUAL, CONSERVATOR OR AGENT OF THE ACCOUNT OWNER OUTSIDE OF OR WITHIN THE SCOPE OF MY AUTHORITY, INCLUDING BUT NOT LIMITED TO, WRITING CHECKS, DEPOSITING CHECKS, WITHDRAWING FUNDS, DEPOSITING FUNDS, CONTRIBUTING TO THE ACCOUNT, TRANSACTING IN ANY WAY ON THE ACCOUNT, ANY ELIGIBILITY CERTIFICATIONS OR RECERTIFICATIONS, SELECTING AND/OR CHANGING INVESTMENT OPTIONS, ROLLOVERS, EXCHANGES, ACCOUNT OWNER CHANGES, AND ANY OTHER ACCOUNT CHANGES.								
I will notify you immediately in writing at the following address if my situation longer true.	n changes such that any of these certifications are no							
SIGNATURE								
Signature of Co-Authorized Individual A	Date (mm/dd/yyyy)							
Your signature must be notarized.								
STATE OF)								
)ss.:								
COUNTY OF)								
This document was acknowledged before me on (date) by	·							
(name of Co-Authorized Individual A), who certifies the correctness of the sign	nature of the Co-Authorized Individual.							
SIGNATURE Signature of Notary								
Name of Notary (first, middle initial, last)								
My commission expires:  Date (mm/dd/yyyy)	Notary to place seal here							
	Applies to signature in <b>Section 3</b> .							

Signature, indemnification, and notarization—YOU MUST SIGN BELOW <i>(continued)</i>							
Each of the undersigned <b>jointly and severally</b> certifies the following:							
I have been appointed by a judge to be a guardian or conservator of ("Account Owner").							
Under the terms of judicial appointment, I have the authority to make financial decisions and conduct financial transactions on behalf of the Account Owner, which includes maintaining an ABLE account, writing and depositing checks, and using a debit card.							
I have provided a copy of the documents establishing my appointment.							
My appointment does not expire, has not been revoked and continues to be in effect in every way.							
neither have nor will acquire any beneficial interest in the Account (as defined in the Plan Disclosure Documents) during the Account Owner's lifetime.							
I will administer the Account for the benefit of the Account Owner and in accordance with my fiduciary duties.							
I agree that any instruction provided by me or transaction made by me includes the advanced consent and authorization of the other Co-Authorized Individual, and I agree that I will not provide any instruction nor make any transaction without the advanced consent and authorization of the other Co-Authorized Individual.							
I AGREE TO INDEMNIFY AND HOLD HARMLESS EACH OF THE PLAN ADMINISTRATORS (AS DEFINED IN THE PLAN DISCLOSURE DOCUMENTS) AND FIFTH THIRD BANK, NATIONAL ASSOCIATION FROM AND AGAINST ANY AND ALL CLAIMS, LOSSES, DAMAGES, LIABILITIES, OR EXPENSES, INCLUDING REASONABLE ATTORNEYS' FEES AND COSTS, THAT ANY OF THEM MAY INCUR IN ANY WAY RELATED TO THE CERTIFICATIONS I HAVE MADE ABOVE, OR BY REASON OF, OR IN CONNECTION WITH, ANY ACT OR OMISSION COMMITTED BY ME OR ANY OTHER AUTHORIZED INDIVIDUAL, CONSERVATOR OR AGENT OF THE ACCOUNT OWNER OUTSIDE OF OR WITHIN THE SCOPE OF MY AUTHORITY, INCLUDING BUT NOT LIMITED TO, WRITING CHECKS, DEPOSITING CHECKS, WITHDRAWING FUNDS, DEPOSITING FUNDS, CONTRIBUTING TO THE ACCOUNT, TRANSACTING IN ANY WAY ON THE ACCOUNT, ANY ELIGIBILITY CERTIFICATIONS OR RECERTIFICATIONS, SELECTING AND/OR CHANGING INVESTMENT OPTIONS, ROLLOVERS, EXCHANGES, ACCOUNT OWNER CHANGES, AND ANY OTHER ACCOUNT CHANGES.							
I will notify you immediately in writing at the following address if my situation changes such that any of these certifications are no longer true.							
Signature of Co-Authorized Individual B  Date (mm/dd/yyyy)							
Your signature must be notarized.							
STATE OF )							
)ss.:							
COUNTY OF )							
This document was acknowledged before me on (date) by (name of Co-Authorized Individual B), who certifies the correctness of the signature of the Co-Authorized Individual B.							
SIGNATURE  Signature of Notary  Date (mm/dd/yyyy)							
Name of Notary (first, middle initial, last)							
My commission expires:    Output							

Applies to signature in **Section 3**.