

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 there is no clear
 indication in court documentation if the parties must act jointly or may act
 independently regarding the management of any account.
- 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		
k	www.EnableSavings.com		
≻ @	clientservices@EnableSavings.com		
Regular mailing address: Enable Savings Plan PO Box 219187 Kansas City, MO 64121			
Ena 1001	rnight mailing address: ble Savings Plan I E 101st Terrace, Suite 200 sas City, MO 64131		

1.	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 not acceptable.)				
	City	State Zip Code			
	Telephone Number				

DO NOT STAPLE

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

Co-Authorized Individual A	
Name of Co-Authorized Individual (first, middle initial, last)	
Social Security number or other Tax ID number	
Mailing Address	
City State Zip Code	
Telephone Number	
Co-Authorized Individual B	
Name of Co-Authorized Individual (first, middle initial, last)	
Social Security number or other Tax ID number	
Mailing Address	
City State Zip Code	

DO NOT STAPLE

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

Each of the undersigned jointly and severally cert	ifies the following:		
I have been appointed by a judge to be a guardian or	r conservator of		("Account Owner").
Under the terms of judicial appointment, I have the a the Account Owner, which includes maintaining an A			
I have provided a copy of the documents establishing	g my appointment.		
My appointment does not expire, has not been revok	ked and continues to be in	effect in ever	y way.
I neither have nor will acquire any beneficial interest Owner's lifetime.	t in the Account (as define	ed in the Plan [Disclosure Documents) during the Account
I will administer the Account for the benefit of the A	ccount Owner and in acco	rdance with m	ny fiduciary duties.
I agree that any transaction made by me contains th make any transaction that does not have the joint co			Co-Guardian, and I agree that I will not
I AGREE TO INDEMNIFY AND HOLD HARMLESS EACD DOCUMENTS) AND FIFTH THIRD BANK, NATIONAL LIABILITIES, OR EXPENSES, INCLUDING REASONAB RELATED TO THE CERTIFICATIONS I HAVE MADE AB COMMITTED BY ME OR ANY OTHER AUTHORIZI OUTSIDE OF OR WITHIN THE SCOPE OF MY AUTHOR WITHDRAWING FUNDS, DEPOSITING FUNDS, CONTANY ELIGIBILITY CERTIFICATIONS OR RECERTIFICAT EXCHANGES, ACCOUNT OWNER CHANGES, AND A	ASSOCIATION FROM AND BLE ATTORNEYS' FEES AND BOVE, OR BY REASON OF, ED INDIVIDUAL, CONSERITY, INCLUDING BUT NO TRIBUTING TO THE ACCOUNTIONS, SELECTING AND/O	D AGAINST AND COSTS, THAT OR IN CONNECTION OR THAT IN THAT THAT TO UNT, TRANSATION OF THAT THAT THANSATION OF THAT THANS AND THANGING	IY AND ALL CLAIMS, LOSSES, DAMAGES, T ANY OF THEM MAY INCUR IN ANY WAY CTION WITH, ANY ACT OR OMISSION AGENT OF THE ACCOUNT OWNER WRITING CHECKS, DEPOSITING CHECKS, CTING IN ANY WAY ON THE ACCOUNT,
I will notify you immediately in writing at the follow longer true.	ing address if my situatior	n changes such	n that any of these certifications are no
SIGNATURE			
Signature of Co-Guardian A			Date (mm/dd/yyyy)
Your signature must be notarized.			
STATE OF	1		
	_/)ss.:		
COUNTY OF))		
This document was acknowledged before me on	_/ /data\ by		
(name of Co-Guardian A), who certifies the correctne			
CICNIATUDE		7	
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 .

Signature, indemnification, and notarization — YOU MUST	SIGN BELOW (continued)
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 financia the Account Owner, which includes maintaining an ABLE account, writing and	
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	ı effect in every way.
I neither have nor will acquire any beneficial interest in the Account (as define Owner's lifetime.	ed in the Plan Disclosure Documents) during the Account
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 include Co-Authorized Individual, and I agree that I will not provide any instructions no authorization of the other Co-Authorized Individual.	
I AGREE TO INDEMNIFY AND HOLD HARMLESS EACH OF THE PLAN ADMINID DOCUMENTS) AND FIFTH THIRD BANK, NATIONAL ASSOCIATION FROM AND LIABILITIES, OR EXPENSES, INCLUDING REASONABLE ATTORNEYS' FEES AN RELATED TO THE CERTIFICATIONS I HAVE MADE ABOVE, OR BY REASON OF, COMMITTED BY ME OR ANY OTHER AUTHORIZED INDIVIDUAL, CONSIDUTSIDE OF OR WITHIN THE SCOPE OF MY AUTHORITY, INCLUDING BUT NO WITHDRAWING FUNDS, DEPOSITING FUNDS, CONTRIBUTING TO THE ACCO ANY ELIGIBILITY CERTIFICATIONS OR RECERTIFICATIONS, SELECTING AND/CEXCHANGES, ACCOUNT OWNER CHANGES, AND ANY OTHER ACCOUNT CH	D AGAINST ANY AND ALL CLAIMS, LOSSES, DAMAGES, D COSTS, THAT ANY OF THEM MAY INCUR IN ANY WAY OR IN CONNECTION WITH, ANY ACT OR OMISSION ERVATOR OR AGENT OF THE ACCOUNT OWNER IT LIMITED TO, WRITING CHECKS, DEPOSITING CHECKS, UNT, TRANSACTING IN ANY WAY ON THE ACCOUNT, OR CHANGING INVESTMENT OPTIONS, ROLLOVERS,
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 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 sign	
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**.