IMPORTANT INFORMATION

A possible Authorized Individual, in order of priority, is as follows: power of attorney, conservator or legal guardian, spouse, parent, sibling, grandparent, or SSA-appointed representative payee. The Authorized Individual who is being added or who is replacing another Authorized Individual must be the highest-ranking individual or Entity who is willing to and able to maintain the Account on behalf of the Account Owner.

If the existing Authorized Individual for a person without legal capacity is able to complete and sign Section 3 of the Authorized Individual Change of Signatory Form, no additional documentation is required. For all other circumstances, required documentation is detailed below.

For Entities: A current and approved **Entity Identity Verification and Signatory Form** must be on file with the Plan before the Entity submits an **Authorized Individual Change of Signatory Form**.

If you have any questions, please call AR ABLE Customer Service at (888) 609-8874 Monday – Friday, 7:00 am – 4:00 pm CT.

Change Being Made	Documentation Requirements
Account Owner has lost Legal Capacity to manage the Account.	Please submit one of the following: A judicial decree of incapacity for the Account Owner; or In the absence of a judicial decree, a letter from the Account Owner's doctor attesting that the current Account Owner is incapacitated and not able to manage personal finances. This letter must be signed, dated (within 7 days of the signed and dated Authorized Individual Change of Signatory Form), and include the doctor's contact information; or A legal document, i.e. Guardianship, Conservatorship, or durable power of attorney signed before the Account Owner lost Legal Capacity, that attests to the Account Owner's loss of Legal Capacity.
Account Owner with Legal Capacity has granted the person or the Entity power of attorney to manage the Account.	The new Authorized Individual must retain the power of attorney with your records. This should not be submitted to AR ABLE.
Existing Authorized Individual has died or has lost capacity to serve.	The new Authorized Individual must submit copy of death certificate or proof of incapacitation of the existing Authorized Individual.
Existing Authorized Individual is unable to sign the Authorized Individual Change of Signatory Form (Section 3).	New Authorized Individual must certify to their Authorized Individual type in the order or priority and submit the proper documentation confirming that order of priority (see below).

Authorized Individual Type in order of priority	Documentation List
Power of Attorney	Power of Attorney signed by the Account Owner and the Authorized Individual, and notarized
Conservator/Legal Guardian	Letters of appointment issued by a court, granting appropriate financial authority
Spouse	Marriage certificate
Parent	Account Owner's birth certificate confirming Authorized Individual is the Account Owner's parent
Sibling	Account Owner's and sibling's birth certificates confirming a common parent
Grandparent	Account Owner's and parent's birth certificates confirming Authorized Individual is the Account Owner's grandparent
SSA-appointed Representative Payee	The Selection Notice or Benefits Verification Letter issued by the Social Security Administration showing Authorized Individual as representative payee

AR ABLE
Achieving a Better Life Experience

Arkansas ABLE

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 Arkansas ABLE Account. (Please complete **Sections 1, 2,** and **4**.)
2. Replace an existing Authorized Individual on an existing Arkansas ABLE Account. (Please complete **Sections 1, 2, 3,** and **4**.)
3. Certify the existing Authorized Individual's authority and information when the Account Owner has reached the age of majority but lacks the Legal Capacity to manage the Account, and the current Authorized Individual will continue to manage the ABLE Account. (Please complete **Sections 1, 2,** and **4**.)

1.888.609.8874
7 a.m. to 4 p.m. CT M-F

FAX **1.617.559.8937**

arkansasable.com

clientservice@arkansasable.com

Regular mailing address:
Arkansas ABLE
P.O. Box 219092
Kansas City, MO 64121

Overnight mailing address:
Arkansas ABLE
1001 E 101st Terrace, Suite 200
Kansas City, MO 64131

- One or more Authorized Individuals may manage and transact on the Account if they are on the same level of priority on the list of possible Authorized Individuals. 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 ar.savewithable.com.
  - A copy of the power of attorney should be retained with your records. See the cover page to this form to determine whether a copy of the power of attorney document is required to be submitted with this form.
  - 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. See the cover page to this form to determine what documentation, if any, the Plan requires to confirm the Authorized Individual's relationship to the Account Owner and authority to manage on behalf of the Account Owner.
- Review the Plan Disclosure Booklet 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 Plan Disclosure Booklet.
- Type or print clearly, printing in capital letters and black ink. Please mail the form to Arkansas ABLE. Do not staple.

Forms can be downloaded from the Plan's website at **arkansasable.com** or you can call Arkansas ABLE to request any form — or request assistance in completing this form — at **1.888.609.8874** any business day from 7 a.m. to 4 p.m. CT.

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. See cover page of this form to determine if documentation is required.
- An Account can have more than one Authorized Individual; however, all Authorized Individuals must be at the same priority level on the list of possible Authorized Individuals.
- If multiple Authorized Individuals are named, it is the responsibility of the Authorized Individuals to manage the Account in accordance with any legal documentation, such as guardianship or conservator documents or powers of attorney, that requires them to act together. If legal documentation requires Authorized Individuals to act together, it is the duty of the Authorized Individuals to reach agreement before either takes any action in managing and transacting on the Account. The Plan may require the submission of a separate release form or other instrument or documentation when an Account has multiple Authorized Individuals.
- Only one Authorized Individual will be permitted to use the checking account, write checks, and use the debit card if the Checking Account Option is selected. For Account Owners who lack Legal Capacity, the Authorized Individual that opened the Account or a previously named 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 Change 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).

☐ The Account Owner has reached the age of majority and lacks the Legal Capacity to manage the Account. The current Authorized Individual will continue to manage the ABLE Account and must certify their authority at the end of this section.

☐ Additional Authorized Individual at same level in order of priority.

☐ 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 Certification Form (for Entities utilizing the online Entity registration process) or Entity Identity Verification and Signatory Form (for Entities registering by paper enrollment) 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

INITIALS

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 Plan Disclosure Booklet. 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 Cover Page (if present) and the Plan Disclosure Booklet 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 Plan Disclosure Booklet as currently in effect. I agree to read and obtain understanding of any future Supplements to the Plan Disclosure Booklet 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. (See cover page for documentation requirements).

☐ 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. (See cover page for documentation requirements).

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 Plan Disclosure Booklet (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 Plan Disclosure Booklet for my records. Additionally, I agree to be bound by the terms and conditions of any Supplement or revision to the Plan Disclosure Booklet 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 Plan Disclosure Booklet.

I acknowledge and agree that I am bound by the terms, rights, and responsibilities stated in the Plan Disclosure Booklet and this form and by any and all statutory, administrative, and operating procedures that govern the Plan. I understand that the Plan Disclosure Booklet, all subsequently added Supplements or revisions to the Plan Disclosure Booklet, 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 Plan Disclosure Booklet and intends to make compensation contributions such that the total annual contributions to the Account will exceed the Basic 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 compensation contributions as described in the Plan Disclosure Booklet.
- 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)