



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 Certification Form** or **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 Mississippi ABLE Customer Service at (888) 609-3469 Monday – Friday, 8:00 am – 5:00 pm CT.

Change Being Made	Documentation Requirements
Account Owner has lost Legal Capacity to manage the Account.	<p>Please submit one of the following:</p> <p>A judicial decree of incapacity for the Account Owner; or</p> <p>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</p> <p>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.</p>
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 Mississippi 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



Mississippi 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 Mississippi ABLE Account. (Please complete **Sections 1, 2, and 4.**)
 2. Replace an existing Authorized Individual on an existing Mississippi 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.**)
- 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 ms.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 Mississippi ABLE. Do not staple.

Forms can be downloaded from the Plan's website at ms.savewithable.com or you can call Mississippi ABLE to request any form — or request assistance in completing this form — at **1.888.609.3469** any business day from 8 a.m. to 5 p.m. CT.

 **1.888.609.3469**
8 a.m. to 5 p.m. CT M-F

FAX 1.617.559.8944

 **ms.savewithable.com**

 **ms.clientservice@savewithable.com**

Regular mailing address:

Mississippi ABLE
P.O. Box 219564
Kansas City, MO 64121

Overnight mailing address:

Mississippi ABLE
1001 E 101st Terrace, Suite 200
Kansas City, MO 64131

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)

