



Alaska ABLE Plan Agent Authorization/Power of Attorney

- Complete this form to designate someone as your Agent with authority to act on your ABLE Account.
- You may only designate **one level of authorization** in **Section 3** for the Account listed on this form.
- This **Agent Authorization/Power of Attorney Form** must be signed by the Account Owner in **Section 4**. If you are selecting levels 2, 3, or 4, your signature must be notarized.
- This **Agent Authorization/Power of Attorney Form** must also be signed by the Agent in **Section 2** if Level 2, 3, or 4 is granted. Level 1 authorization does not require a signature by the Authorized Agent.
- 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 ak.savewithable.com, or you can call us to order any form — or request assistance in completing this form — at **1.888.609.8871** any business day from 8 a.m. to 5 p.m. AKT.

 **1.888.609.8871**
8 a.m. to 5 p.m. AKT M-F

 **ak.savewithable.com**

 **ak.clientservice@savewithable.com**

Regular mailing address:

Alaska ABLE Plan
P.O. Box 219740
Kansas City, MO 64121

Overnight mailing address:

Alaska ABLE Plan
920 Main Street, Suite 900
Kansas City, MO 64105

WARNING TO PERSON EXECUTING THIS DOCUMENT

THIS IS AN IMPORTANT LEGAL DOCUMENT WHICH IS AUTHORIZED BY THE LAWS OF EACH MEMBER STATE, AS DEFINED IN THE NATIONAL ABLE ALLIANCE PLAN DISCLOSURE STATEMENT (THE "PLAN DISCLOSURE STATEMENT").

NOTICE: BY EXECUTING THIS LIMITED POWER OF ATTORNEY DOCUMENT AND THE SELECTIONS YOU MAKE IN SECTION 3, YOU ARE GIVING YOUR AGENT THE POWER TO TAKE CERTAIN ACTIONS REGARDING YOUR ABLE ACCOUNT FOR YOU, WITHOUT YOUR FURTHER CONSENT, IN ANY WAY THAT YOU COULD ACT FOR YOURSELF. THE ACTIONS TAKEN BY YOUR AGENT WILL BIND YOU AND YOUR SUCCESSORS.

YOU MAY REVOKE THIS LIMITED POWER OF ATTORNEY REGARDING YOUR ABLE ACCOUNT AT ANY TIME.

THE PURPOSE OF THIS POWER OF ATTORNEY IS TO CONFER UPON AND GRANT TO THE PERSON YOU DESIGNATE (YOUR "AGENT") CERTAIN POWERS TO TRANSACT BUSINESS WITH THE ALASKA ABLE PLAN, AS DEFINED IN THE PLAN DISCLOSURE STATEMENT, WHICH MAY INCLUDE POWERS TO MAKE INVESTMENT DECISIONS, CONTRIBUTIONS, WITHDRAWALS, AND TAKE OTHER ACTION IN CONNECTION WITH THE ALASKA ABLE PLAN WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. THIS FORM DOES NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS. WHEN POWERS ARE EXERCISED, YOUR AGENT MUST ACT FOR YOUR BENEFIT, AND USE THE CARE, COMPETENCE, AND DILIGENCE ORDINARILY EXERCISED BY AGENTS IN SIMILAR CIRCUMSTANCES, ALL IN ACCORDANCE WITH THE PROVISIONS OF THIS POWER OF ATTORNEY AND APPLICABLE LAW.

UNTIL YOU REVOKE THIS POWER OF ATTORNEY OR A COURT ACTING ON YOUR BEHALF TERMINATES IT, YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN IF YOU BECOME INCAPACITATED OR INCOMPETENT. IF YOU WISH TO REVOKE THIS POWER OF ATTORNEY YOU MUST NOTIFY THE AGENT IN WRITING WITH A COPY TO THE ALASKA ABLE PLAN AT THE ADDRESS SET FORTH ABOVE.

THIS POWER OF ATTORNEY IS INTENDED TO COMPLY WITH THE LAWS OF EACH MEMBER STATE. IN THE EVENT OF A CONFLICT BETWEEN THIS POWER OF ATTORNEY AND THE LAWS OF A MEMBER STATE, THE LAWS OF THE MEMBER STATE SHALL CONTROL. YOU MAY HAVE OTHER RIGHTS OR POWERS UNDER THE LAWS OF THE MEMBER STATE NOT SPECIFIED IN THIS FORM.



* ALASKA ABLE POA *

3. Authorization level *(Please select only one of the four levels of authorization below.)*

I, the Account Owner listed in **Section 1**, appoint the Agent listed in **Section 2**, as my Agent *(please initial the appropriate level of access that applies to the Account listed in **Section 1**)*.

Initial**Level 1 — Account Inquiry Access:**

- Obtain information about the account.
- Receive duplicate Account statements from the Alaska ABLE Plan.

Initial**Level 2 — Authorization - Level 1 plus the following:**

- Contribute money to the Account.
- Move money among Investment Options within the Account.

Initial**Level 3 — Authorization - Level 1 and 2 plus the following:**

- Withdraw now or in the future, money from the account.

Initial**Level 4 — Authorization - Level 1, 2 and 3 plus the following:**

- Transfer Account ownership to an Eligible Individual who is a Member of the Family
- Close the Account
- Add/Change/Remove Banking Information
- Change the address of record on the Account

