




ABLE CT Entity Certification Form

- This Entity Certification Form ("**Form**") is required to be uploaded when an Entity initially completes the online Entity Registration process and must be updated as described below.
- This Form must be completed and signed by a Control Person (defined below). The Control Person can edit Entity Information settings; add, edit, or remove Team Members; assign an access level to Team Members; and open, manage and view Accounts under the Entity's authority.
- A completed, signed, and **notarized** Form must be uploaded to the "Upload Required Documentation" screen during the online Entity Registration process and any time the Control Person is changed or added through the Entity Management Dashboard.
- The Control Person is responsible for maintaining and immediately updating the online Entity Management Dashboard each time the information about the Entity changes, including without limitation, keeping current the designation of Team Members.
- The following terms used in this Form are defined as follows:
 1. **Authorized Representative:** An individual assigned Team Member Management, Signatory or Read-Only access level to the Entity Management Dashboard.
 2. **Beneficial Owner:** Any individual who directly or indirectly, through any contract, arrangement, understanding, relationship, or otherwise, owns 25% or more of the equity interests of the legal Entity. Please see 31 C.F.R. § 1010.230(d)(1).
 3. **Control Person:** An individual with significant responsibility to control, manage, or direct the legal Entity. A Control Person may include, but is not limited to, the: Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer, Executive Director/Director of a government agency, or any other individual who regularly performs similar functions. Please see 31 C.F.R. § 1010.230(d)(2). The Control Person must have the authority to make binding commitments on behalf of the Entity.
 4. **Entity:** A company, organization, either for-profit or non-profit, or government agency that is designated to act as Authorized Individual for one or more ABLE Eligible Individuals.
 5. **Entity Management Dashboard:** The Entity Management Dashboard provides the ability for Team Members to open and manage and/or view multiple accounts on one dashboard. The Control Person will utilize the Entity Management Dashboard to maintain and keep current Entity Information settings and Team Member designations.
 6. **Entity Registration:** The process by which an Entity provides information which the Plan must collect to be compliant with federal law. During the Entity Registration process, the Control Person will provide the initial designation of Team Members. When the Entity Registration is reviewed and approved by the Plan, the Entity Management Dashboard will be available for the Entity Team Members to open and manage and/or view ABLE accounts under the Entity's authority.
 7. **Read-Only:** An access level that allows a Team Member to view Accounts and run transaction history reports for Accounts under the Entity's authority. Read-Only access level does not include access to Account level detailed information.
 8. **Signatory:** An access level that allows a Team Member to open and manage and view accounts under the Entity's authority. Each Team Member with Signatory access level must have the authority to act on behalf of the Entity and to bind the Entity with respect to any ABLE Account opened or maintained by the Entity.
 9. **Team Member:** A member of an Entity group made up of the Control Person(s), Beneficial Owner(s) (as applicable) and Authorized Representatives of the Entity.
 10. **Team Member Management:** An access level granted by the Control Person that allows a Team Member to open, manage and view ABLE Accounts under the Entity's authority, as well as the ability to add, remove and edit Authorized Representatives of the Entity. Team Members with Team Member Management access level must have the authority to act on behalf of the Entity and to bind the Entity with respect to any ABLE Account opened or maintained by the Entity.
- Capitalized terms used on this Form, but not defined in this Form, have the meanings provided in the Plan Disclosure Booklet.
- If you have any questions about completing the Form, please contact ABLE CT at **1.888.609.3268**.

 **1.888.609.3268**
8 a.m. to 5 p.m. ET M-F

FAX 1.617.559.2475

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(M.I.)

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Control Person's Direct Phone Number

3. Entity Certifications, Signature, and Notarization

I, _____, (full name) certify that I am an Control Person of _____ (the Entity named in Section 1 of this Form), and I am duly authorized to act on the Entity's behalf. As such, I certify the truth and accuracy of the following:

1. I have the authority to execute this Form on behalf of the Entity and have the authority to bind the Entity.
2. I have familiarity with the business and affairs of the Entity so as to be able to knowingly make the statements set forth in this Form.
3. The Entity is in good standing in its jurisdiction of formation and any other required jurisdictions.
4. I understand that ABLE CT will, in part, rely on the statements and certifications set forth on this Form in determining whether the Entity will be permitted to open ABLE CT Accounts on behalf of Eligible Individuals.
5. I have the authority to act on behalf of the Entity and to delegate Team Members to further act on behalf of the Entity and to bind the Entity with respect to any ABLE CT Account established or maintained by the Entity for an Eligible Individual.
6. I acknowledge that the initial delegation of Team Members will be made or has been made via the online Entity Registration and any subsequent removal or delegation of Team Members will be processed via the Entity Management Dashboard. I certify that I will ensure the Entity Information, including the Team Member delegations contained on the Entity Management Dashboard remains accurate and current at all times.
7. I authorize ABLE CT and the Plan Administrators to recognize the authority and access level delegated to each Team Member as designated on the Entity Management Dashboard.
8. I authorize ABLE CT and the Plan Administrators to accept and rely conclusively on any instructions or other communications given by any Team Member designated with Team Member Management or Signatory access level on the Entity Management Dashboard and to assume that the authority of any Team Member with Team Member Management or Signatory access level continues in effect until the Entity Management Dashboard is updated removing such access level.
9. In my capacity as Control Person, I will ensure that the Entity maintains policies and procedures implementing security measures reasonably designed to protect the Entity Management Dashboard from unauthorized access.
10. I acknowledge that at all times there will be one person designated as an Control Person for the Entity. Upon the need for a second or a replacement Control Person, the Entity will promptly submit a Form completed by the second or replacement Control Person.
11. I acknowledge that should one or more Team Member leave the Entity or no longer serve the Entity in a role requiring the access level granted to such Team Member, I will immediately remove such Team Member's access level from the Entity Management Dashboard.
12. I understand that I may be required to temporarily collect and transmit to the Plan the Social Security numbers or other information so that the Program Manager may conduct its identity verification process. I further understand that I am only to collect and transmit such information to the Plan in connection with the Entity identity verification process and will not use it for any unlawful purpose.
13. The Entity agrees to the terms and conditions of the Plan Disclosure Booklet as currently in effect and agrees to be bound by the terms and conditions of any Supplement to the Plan Disclosure Booklet issued by the Plan during the time that the Entity serves as an Authorized Individual for any ABLE CT Account.
14. I understand that ABLE CT and each of the Plan Administrators will not assume any liability for acts by or omissions of the Entity or any designated Team Member. Further, ABLE CT and each of the Plan Administrators are not liable in any way for actions taken or omissions made in reliance on instructions from any of the Team Members with Team Member Management or Signatory access level. The Entity will indemnify and hold harmless ABLE CT and each of the Plan Administrators from and against any and all loss, damage, liability, or expense, including reasonable attorneys' fees, that any of them may incur by reason of, or in connection with, any misstatement or misrepresentation made by the Entity or any Team Member with respect to an Account in which the Entity serves as an Authorized Individual, and any breach by the Entity or any Team Member of any of the agreements, representations, or warranties, contained in the Participation Agreement that is part of the Plan Disclosure Booklet.
15. This Form will remain in full force and effect until revoked by a Control Person of the Entity.

SIGNATURE _____

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Date (mm-dd-yyyy)

[illegible]

Title of Control Person

COUNTY OF _____ }ss (Town/City)

SIGNATURE _____

$$\boxed{}\boxed{} - \boxed{}\boxed{} - \boxed{}\boxed{}\boxed{}\boxed{}$$

Date (mm/dd/yyyy)

[illegible]

Printed Name of Notary Public (First, Middle Initial, Last)

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Date (mm/dd/yyyy)

Notary to place seal here