



ABLE CT 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 and notarized 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 you are selecting Level 2, 3 or 4. 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 ct.savewithable.com, or you can call us to order any form—or request assistance in completing this form—at **1.888.609.3268** any business day from 8 a.m. to 5 p.m. ET.

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

 ct.savewithable.com

 ct.clientservice@savewithable.com

Regular mailing address:

ABLE CT
P.O. Box 219316
Kansas City, MO 64121

Overnight mailing address:

ABLE CT
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"). THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THE POWERS GRANTED BY THIS DOCUMENT ARE DEFINED BY THE LAWS OF EACH MEMBER STATE.

NOTICE: UNLESS YOU LIMIT THE POWER IN THIS DOCUMENT, THIS DOCUMENT COULD GIVE YOUR AGENT THE POWER TO ACT FOR YOU, WITHOUT YOUR FURTHER CONSENT, IN ANY WAY THAT YOU COULD ACT FOR YOURSELF. ACTIONS TAKEN BY YOUR AGENT WILL BIND YOU AND YOUR SUCCESSORS.

THE PURPOSE OF THIS POWER OF ATTORNEY IS TO CONFER UPON AND GRANT TO THE PERSON YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO TRANSACT BUSINESS WITH THE ABLE CT, AS DEFINED IN THE PLAN DISCLOSURE STATEMENT, WHICH MAY INCLUDE POWERS TO MAKE INVESTMENT DECISIONS, CONTRIBUTIONS, WITHDRAWALS, AND TAKE OTHER ACTION IN CONNECTION WITH ABLE CT 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 AFTER YOU BECOME DISABLED OR INCAPACITATED, OR RULED TO BE INCOMPETENT BY A COURT. IF YOU WISH TO REVOKE THIS POWER OF ATTORNEY YOU MUST NOTIFY THE AGENT IN WRITING WITH A COPY TO ABLE CT 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.



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**)*.

LIMITED POWER OF ATTORNEY

Initial

Level 1— Account Inquiry Access.

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

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.

* The authority in Level 1, 2, or 3 Access is limited to the level of authority specified above. Unless I select Full Power of Attorney below, my Agent shall have no authority to take any other action, including, but not limited to: a) changing the address of record on my Account; b) adding, deleting, or changing any banking information with respect to my Account; and c) transferring Account ownership.

FULL POWER OF ATTORNEY

Initial

Full Power of Attorney ("POA")/Level 4 — grants full Power of Attorney to transact on the account.

- A Full POA has the same access and abilities as the Account Owner.

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

UNLESS YOU DIRECT OTHERWISE, THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED OR TERMINATED AS SPECIFIED BELOW. THIS POWER OF ATTORNEY WILL CONTINUE TO BE EFFECTIVE EVEN IF YOU BECOME DISABLED, INCAPACITATED, OR INCOMPETENT. THIS POWER OF ATTORNEY MAY BE REVOKED IN WRITING BY YOU AT ANY TIME. ABSENT REVOCATION, THE AUTHORITY GRANTED IN THIS POWER OF ATTORNEY IS EFFECTIVE WHEN THIS POWER OF ATTORNEY IS SIGNED AND CONTINUES IN EFFECT UNTIL YOUR DEATH.

I agree that any third party who receives a copy of this document may act under it with respect to the ABLE CT Account identified in Section 1. Revocation or termination of the Power of Attorney due to my death, court determination or any other reason is not effective as to a third party until the third party receives written notice of the revocation or termination and the third party has had a reasonable amount of time to act on such notice. I, for myself and for my heirs, executors, legal representatives and assigns, agree to indemnify and hold harmless the Plan Administrators, as defined in the Plan Disclosure Statement, and any of their respective authorized agents, and employees, and any third party acting hereunder (any of such persons, individually, a "third party") in connection with ABLE CT, from and against any and all claims that may arise or do arise against such third party by reason of any action or inaction by such third party having relied on the provisions of this Power of Attorney, including any claims that arise from acting on instructions believed by any of them to have originated from my Agent, and to pay such third party promptly on demand, for any and all losses arising out of any act by my Agent under this Power of Attorney.

IF YOU HAVE ANY QUESTIONS ABOUT THE POWER OF ATTORNEY OR AUTHORITY YOU ARE GRANTING TO YOUR AGENT, YOU SHOULD SEEK LEGAL ADVICE BEFORE SIGNING THIS FORM.

Signature of Account Owner

— —
Date (mm/dd/yyyy)

Your signature must be notarized if you have selected Level 2, 3 or 4. See below. We cannot accept a signature guarantee in place of a notary’s seal.

STATE OF _____)

)ss.:

COUNTY OF _____)

This document was acknowledged before me on _____ (date) by _____
(name of Account Owner), who certifies the correctness of the signature of the Account Owner.

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 4.**