



DC ABLE

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 dc.savewithable.com, or you can call us to order any form — or request assistance in completing this form — at **1.888.609.3458** any business day from 8 a.m. to 5 p.m. ET.

 **1.888.609.3458**
8 a.m. to 5 p.m. ET M-F

 **dc.savewithable.com**

 **dc.clientservice@savewithable.com**

Regular mailing address:

DC ABLE
P.O. Box 219235
Kansas City, MO 64121

Overnight mailing address:

DC ABLE
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 THE GOVERNMENT OF THE DISTRICT OF COLUMBIA. THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THE POWERS GRANTED BY THIS DOCUMENT ARE DEFINED BY THE LAWS OF THE GOVERNMENT OF THE DISTRICT OF COLUMBIA.

NOTICE: UNLESS YOU LIMIT THE POWER IN THIS DOCUMENT, THIS DOCUMENT GIVES 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 DC ABLE, AS DEFINED IN THE NATIONAL ABLE ALLIANCE DISCLOSURE STATEMENT, WHICH MAY INCLUDE POWERS TO MAKE INVESTMENT DECISIONS, CONTRIBUTIONS, WITHDRAWALS, AND TAKE OTHER ACTION IN CONNECTION WITH DC ABLE 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. IF YOU WISH TO REVOKE THIS POWER OF ATTORNEY YOU MUST NOTIFY THE AGENT IN WRITING WITH A COPY TO DC ABLE AT THE ADDRESS SET FORTH ABOVE.

THIS POWER OF ATTORNEY IS INTENDED TO COMPLY WITH THE LAWS OF THE GOVERNMENT OF THE DISTRICT OF COLUMBIA. IN THE EVENT OF A CONFLICT BETWEEN THIS POWER OF ATTORNEY AND THE LAWS OF THE GOVERNMENT OF THE DISTRICT OF COLUMBIA, THE LAWS OF THE GOVERNMENT OF THE DISTRICT OF COLUMBIA SHALL CONTROL. YOU MAY HAVE OTHER RIGHTS OR POWERS UNDER THE LAWS OF THE GOVERNMENT OF THE DISTRICT OF COLUMBIA 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 DC ABLE

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 Level 4 Authorization 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.

LEVEL 4 AUTHORIZATION

Initial

Level 4— Authorization - grants the Authorized Agent 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

