



DELAWARE ABLE PLAN  
**DEPENDABLE**  
Security for the future™

**DEPENDABLE**

## Add an Authorized Individual Form

### IMPORTANT INFORMATION ABOUT ADDING AN AUTHORIZED INDIVIDUAL

Complete this form to add an Authorized Individual to an existing ABLE Account.

- This form must be signed by the person or authorized representative of the organization or entity seeking to serve as an Authorized Individual on an ABLE Account.
- 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.
- The Plan Disclosure Booklet contains important information about serving as an Authorized Individual. Capitalized terms used in this form and not defined, 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 **DEPENDABLE**. Do not staple.

Forms can be downloaded from our website at [de.savewithable.com](https://de.savewithable.com), or you can call us to order any form — or request assistance in completing this form — at **1.888.609.8914** any business day from 8 a.m. to 5 p.m. ET.

 **1.888.609.8914**  
8 a.m. to 5 p.m. ET M-F

 [\*\*de.savewithable.com\*\*](https://de.savewithable.com)

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Regular mailing address:

**DEPENDABLE**  
**P.O. Box 419201**  
**Kansas City, MO 64141**

Overnight mailing address:

**DEPENDABLE**  
**1001 E 101st Terrace, Suite 200**  
**Kansas City, MO 64131**

### 1. Account Owner information

Account Number

Name of Account Owner (*first, middle initial, last*)

Telephone Number

