



1.888.609.8683  
8 a.m. to 5 p.m. CT M-F

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**Organizational Affidavit to Open an Illinois ABLE Account**

Organization Name	
Authorized Officer	
Mailing Address	
Main Phone Number	
Email Address*	
Tax ID	
Authorized Agents**	
Authorized Agent Name/Title:	
Authorized Agent Name/Title:	
IL ABLE Eligible Individual	
IL ABLE Eligible Individual's Mailing Address	

\* Email address for IL ABLE account correspondence MUST be a continually monitored organizational email address that is not exclusively associated with a specific employee.

\*\*No fewer than two persons who each have access to the organizational email address.

I, \_\_\_\_\_, being duly sworn, solemnly swear that I am an officer of \_\_\_\_\_ ("Organization") and am authorized to act on its behalf. As such, I attest to, and certify the truth and accuracy of the following:

1. I am \_\_\_\_\_ (title) of Organization and I am authorized to execute this affidavit;
2. I am authorized to act on behalf of Organization and the ABLE eligible individual and have authority to bind Organization;
3. I have such familiarity with the business and affairs of Organization so as to be able to knowledgeably make the statements set forth in this affidavit;
4. I understand that the Treasurer will, in part, relay on the statements set forth herein in determining whether Organization will be permitted to open an IL ABLE account on behalf of the ABLE eligible individual;
5. The information provided herein for the Organization is true and accurate;
6. The Organization is in good standing with the State of Illinois;

7. The Organization is authorized to open an Illinois ABLE ("IL ABLE") account on behalf of \_\_\_\_\_ ("ABLE eligible individual") as \_\_\_\_\_ (limited power of attorney, power of attorney, guardian, etc.) as shown by the \_\_\_\_\_ (executed power of attorney, guardian, court order, etc.) attached to this affidavit;
8. The Organization is acting on behalf of the ABLE eligible individual, which the Organization believes is an ABLE-eligible individual, for the ABLE eligible individual's sole benefit;
9. The Organization shall open and manage the IL ABLE Account in accordance with all rules and requirements applicable to the IL ABLE Program;
10. The Organization has listed two authorized agents to act on behalf of the ABLE eligible individual;
11. Should one or both authorized agents leave its employment, the Organization shall immediately notify IL ABLE and provide other agents;
12. The Organization understands the Treasurer does not assume any liability for acts or omissions of the Organization. This liability rests solely with the Organization;
13. The Organization shall indemnify and hold the Treasurer harmless from and against any and all losses, including but not limited to, any liabilities; demands; claims; lawsuits; damages; causes of action; settlements; judgments, including costs, attorneys' and witnesses' fees and expenses incident thereto; or fines, any of which arise out of or relate to violation of applicable law, breach of this affidavit, the negligent acts or omissions, or willful misconduct by the Organization, its employees, or agents. This affidavit shall remain in full force and effect until revoked by an authorized signatory of the organization.

I am duly authorized to make this affidavit. This affidavit is made pursuant to, and in fulfillment of, the requirements of Section 16.6 of State Treasurer Act, 15 ILCS 505. I know and understand the contents of this affidavit, and all statements herein are true and correct.

\_\_\_\_\_  
Signature and title of Affiant

Subscribed and sworn before me (Notary signature date should match that of the Affiant signature date)

this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

(Seal)

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires:

