




Illinois ABLE Authorized Individual/Power of Attorney Form

- Complete this form to designate a Power of Attorney to serve as an Authorized Individual on your IL ABLE Account.
- Completing this Form will grant the Authorized Individual in Section 2 complete authority to act on your IL ABLE Account in any lawful way that you would be able to act for yourself, including the ability to:
 - Open the Account on you behalf
 - Contribute to the Account
 - Withdraw funds from the Account
 - Make investment decisions
 - Transfer Account ownership as permitted by the Plan
 - Close the Account
 - Add/Change/Remove Banking Information
 - Change the address of record on the Account
- This **Form** must be signed by the Account Owner and one witness. The Account Owner's signature must be notarized.
- This **Form** must also be signed by the Authorized Individual in **Section 2**.
- This form is intended to comply with the laws of the state of Illinois. If there is anything about this form that you do not understand, or you have questions about the use of this form under the laws of your state, 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 illinoisable.com, or you can call us to order any form — or request assistance in completing this form — at **1.888.609.8683** any business day from 8 a.m. to 5 p.m. CT.

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

 **illinoisable.com**

 **il.clientservice@savewithable.com**

Regular mailing address:

IL ABLE
P.O. Box 219420
Kansas City, MO 64121

Overnight mailing address:

IL ABLE
1001 E 101st Terrace, Suite 200
Kansas City, MO 64131

NOTICE TO PERSON EXECUTING THIS DOCUMENT

THIS IS AN IMPORTANT LEGAL DOCUMENT. THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THE POWERS GRANTED BY THIS DOCUMENT ARE DEFINED BY THE LAWS APPLICABLE TO ILLINOIS ABLE ("IL ABLE").

UNLESS YOU LIMIT THE POWER IN THIS DOCUMENT, THIS DOCUMENT GIVES THE PERSON OR ENTITY NAMED IN SECTION 2 (YOUR "AGENT"), THE POWER TO ACT FOR YOU WITH RESPECT TO YOUR ABLE ACCOUNT, 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 OR ENTITY YOU DESIGNATE IN SECTION 2 BROAD POWERS TO TRANSACT BUSINESS WITH IL ABLE, IN ANY LAWFUL WAY THAT YOU WOULD BE ABLE TO ACT FOR YOURSELF WITH RESPECT TO YOUR IL ABLE ACCOUNT, AS DESCRIBED IN THE PLAN DISCLOSURE BOOKLET, WHICH MAY INCLUDE POWERS TO OPEN THE ACCOUNT ON YOUR BEHALF, MAKE INVESTMENT DECISIONS, CONTRIBUTIONS, AND WITHDRAWALS, AND TAKE OTHER ACTION IN CONNECTION WITH YOUR IL ABLE ACCOUNT 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. IF YOU WISH TO REVOKE THIS POWER OF ATTORNEY YOU MUST NOTIFY THE AGENT IN WRITING WITH A COPY TO ILLINOIS ABLE AT THE ADDRESS SET FORTH ABOVE.

THIS POWER OF ATTORNEY IS INTENDED TO COMPLY WITH THE LAWS OF THE STATE OF ILLINOIS. IN THE EVENT OF A CONFLICT BETWEEN THIS POWER OF ATTORNEY AND ILLINOIS LAW, ILLINOIS LAW SHALL CONTROL. YOU MAY HAVE OTHER RIGHTS OR POWERS UNDER ILLINOIS LAW NOT SPECIFIED IN THIS FORM.



3. Signature, appointment indemnification, and notarization — YOU MUST SIGN BELOW

I, the Account Owner listed in Section 1, appoint the person or entity listed in Section 2, as my agent under Power of Attorney to act for me in any lawful way that I may act with respect to my IL ABLE Account, including opening the Account on my behalf if applicable, or any identically registered account opened after this document has been signed in accordance with procedures established by IL ABLE. The person or entity listed in Section 2 will serve as an Authorized Individual for my IL ABLE Account as described in the Plan Disclosure Booklet. The execution of this form revokes any prior Power of Attorney that I have executed with respect to my IL ABLE Account.

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 INCAPACITATED OR INCOMPETENT. THIS POWER OF ATTORNEY MAY BE REVOKED 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 my IL ABLE Account. 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 IL ABLE, 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 AUTHORITY YOU ARE GRANTING TO YOUR AUTHORIZED INDIVIDUAL, YOU SHOULD SEEK LEGAL ADVICE BEFORE SIGNING THIS FORM.

SIGNATURE

Signature of Account Owner

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Date (mm/dd/yyyy)

