



INvestABLE Indiana Power of Attorney - Authorized Individual

- Complete this form to designate someone as an Authorized Individual/Power of Attorney (POA) with authority to act as your Agent on your ABLE Account.
- A POA cannot be a corporation or entity and must be an individual such as a spouse, child, relative, friend, or lawyer.
- This **Power of Attorney - Authorized Individual Form** must be signed by the Account Owner in **Section 3** and your signature must be notarized.
- This **Power of Attorney - Authorized Individual Form** must also be signed by the Authorized Individual/POA in **Section 2**.
- 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 on this form. Do not staple.

Forms can be downloaded from our website at [in.savewithable.com](https://www.in.savewithable.com), or you can call us to order any form—or request assistance in completing this form—at **1.888.609.3457** any business day from 8 a.m. to 5 p.m. ET.

 **1.888.609.3457**
8 a.m. to 5 p.m. ET M-F

 [in.savewithable.com](https://www.in.savewithable.com)

 in.clientservice@savewithable.com

Regular mailing address:

INvestABLE Indiana
P.O. Box 219342
Kansas City, MO 64121

Overnight mailing address:

INvestABLE Indiana
1001 E 101st Terrace, Suite 200
Kansas City, MO 64131

WARNING TO PERSON EXECUTING THIS DOCUMENT

THIS IS AN IMPORTANT LEGAL DOCUMENT THAT IS AUTHORIZED BY THE APPLICABLE LAWS OF THE STATE, AS DEFINED IN THE NATIONAL ABLE ALLIANCE PLAN DISCLOSURE BOOKLET (THE "PLAN DISCLOSURE BOOKLET"). THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THE POWERS GRANTED BY THIS DOCUMENT ARE DEFINED BY THE APPLICABLE LAWS OF EACH STATE.

NOTICE: THIS DOCUMENT GIVES THE PERSON YOU DESIGNATE (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 YOUR AGENT BROAD POWERS TO TRANSACT BUSINESS WITH THE PLAN, AS DEFINED IN THE PLAN DISCLOSURE BOOKLET, WHICH MAY INCLUDE POWERS TO MAKE INVESTMENT DECISIONS, CONTRIBUTIONS, WITHDRAWALS, AND TAKE OTHER ACTION IN CONNECTION WITH THE PLAN 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 THE PLAN AT THE ADDRESS SET FORTH ABOVE.

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

1. Account Owner information (All information in this section is required.)

- -
Social Security Number or Taxpayer Identification Number

-
Account Number

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

Permanent Street Address (A P.O. box or rural route number is **not** acceptable.)

City

-
State Zip Code

- -
Telephone Number

2. Authorized Individual information (All information in this section is required.)

Name of Authorized Individual (first, middle initial, last)

- -
Social Security number or other Tax ID number

Mailing Address

City

-
State Zip Code

- -
Telephone Number

BY SIGNING, ACCEPTING, OR ACTING UNDER THIS APPOINTMENT, I ASSUME THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT. I ACKNOWLEDGE THAT, AS AGENT, I ACT EXCLUSIVELY FOR THE BENEFIT OF THE ACCOUNT OWNER AND NEITHER HAVE NOR WILL ACQUIRE ANY BENEFICIAL INTEREST IN THE ABLE ACCOUNT DURING THE LIFETIME OF THE ACCOUNT OWNER. I FURTHER ACKNOWLEDGE THAT I OWE A DUTY OF LOYALTY TO AND PROTECTION OF THE BEST INTERESTS OF THE ACCOUNT OWNER, A DUTY TO AVOID CONFLICTS OF INTEREST AND TO USE ORDINARY SKILL AND PRUDENCE IN THE EXERCISE OF THESE DUTIES. I AGREE TO DIRECT ANY BENEFITS DERIVED FROM THIS POWER OF ATTORNEY TO THE ACCOUNT OWNER.

SIGNATURE _____
Signature of Authorized Individual

- -
Date (mm/dd/yyyy)

3. Signature, appointment of Authorized Individual, 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 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, the Account Owner listed in Section 1, appoint the Authorized Individual listed in Section 2, as my Agent to act for me in any lawful way that I may act with respect to the INvestABLE Indiana Account identified in Section 1, or in any identically registered account opened after this document has been signed in accordance with procedures established by the INvestABLE Indiana.

I agree that any third party who receives a copy of this document may act under it with respect to the INvestABLE Indiana 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 Booklet, 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 INvestABLE Indiana, 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 AUTHORIZED INDIVIDUAL, YOU SHOULD SEEK LEGAL ADVICE BEFORE SIGNING THIS FORM.

SIGNATURE

Signature of Account Owner

□□ — □□ — □□□□

Date (mm/dd/yyyy)

