



Dear Authorized Individual.

Thank you for your interest in the KS ABLE Savings Program! We're excited that we are continuing to help you save for the Account Owner's current and future expenses. Complete the **Age of Majority-Authorized Individual Retaining Authority Form** if you are the current Authorized Individual(s) who will be retaining authority to continue to act as Authorized Individual(s) when, after reaching the age of majority, the Account Owner does not have Legal Capacity to manage the Account.

The Authorized Individual(s) retaining authority for the eligible adult who does not have Legal Capacity must be the highest ranking on the list of Authorized Individuals who is willing and able to act as Authorized Individual. If you are to continue managing the Account in your current capacity, no additional documentation is required. If you are certifying in Section 2A and/or Section 2B that you are now acting as one of the Authorized Individual(s) types below, please submit the corresponding documentation.

If you have any questions, please call Kansas ABLE Customer Service at (888) 609-8919 Monday - Friday, 8:00am - 5:00 pm Central Time.

Authorized Individual Type in order of priority	Documentation List
Conservator/Legal Guardian	Letters of appointment issued by a court, granting appropriate financial authority
SSA-appointed Representative Payee	The Selection Notice or Benefits Verification Letter issued by the Social Security Administration showing Authorized Individual as representative payee



Kansas ABLE Savings Plan Age of Majority – Authorized Individual Retaining Authority Form

IMPORTANT INFORMATION ABOUT THIS ACCOUNT.

- This form can only be completed by the current Authorized Individual(s) who will be retaining authority to continue to act as Authorized Individual(s) when, after reaching the age of majority, the Account Owner does not have Legal Capacity to manage the Account.
- The Authorized Individual(s) retaining authority for the eligible adult who does not have Legal Capacity must be the highest ranking on the list of Authorized Individuals who is willing and able to act as Authorized Individual.
- Each Authorized Individual who will be retaining authority over the Account must complete Section 2 and 3 of this form.
- On the date the Account Owner reaches age of majority, withdrawals from the Account will be frozen until a completed and signed Age of Majority - Authorized Individual Retaining Authority Form is received by the Plan for Account Owners who lack Legal Capacity, or other Account Owner or new Authorized Individual take other actions.
- The Plan Disclosure Booklet contains important information about the Kansas ABLE Savings Plan including, among other information, the objectives, risks, fees and restrictions associated with opening an Account and investing in the Kansas ABLE Savings Plan.
- Capitalized terms used in this Age of Majority - Authorized Individual Retaining Authority Form, but not defined in this form, have the meanings provided in the Plan Disclosure Booklet.
- Type or print clearly, printing in capital letters and black ink. Please mail or fax the form to the Kansas ABLE Savings Plan. Do not staple.
- All sections of this form must be completed.

Forms can be downloaded from our website at **ks.savewithable.com**, or you can call Customer Service to request any form — or request assistance in completing this form — at **1.888.609.8919** any business day from 8 a.m. to 5 p.m. CT.

 **1.888.609.8919**
8 a.m. to 5 p.m. CT M-F

FAX 1.617.559.8921

 **ks.savewithable.com**

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Regular mailing address:

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Kansas City, MO 64121**

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