DO NOT STAPLE

KANSAS ABLE SAVINGS PLAN

Kansas ABLE Savings Plan

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 Kansas ABLE Savings Plan. Do not staple.

Forms can be downloaded from our website at **ks.savewithable.com**, or you can call us to order 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

ks.savewithable.com

ks.clientservice@savewithable.com

Regular mailing address:
Kansas ABLE Savings Plan
P.O. Box 219266
Kansas City, MO 64121

Overnight mailing address:
Kansas ABLE Savings Plan
1001 E 101st Terrace, Suite 200
Kansas City, MO 64131

1. Account Owner information

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Account Number

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

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Telephone Number

2. Authorized Individual Information

Authorized Individual

To be completed by the person, or by the authorized representative of an organization or entity, that is being added as an Authorized Individual on the Account. An Authorized Individual may be the Account Owner's agent under a power of attorney, or, if none, a conservator or legal guardian, spouse, parent, sibling, grandparent, or representative payee appointed by the Social Security Administration, in that order of priority. If an Account has multiple Authorized Individuals, all Authorized Individuals must be at the same priority level. If the Checking Account Option is selected, only one Authorized Individual will be authorized to write checks and use the debit card. If the Account was opened by an Authorized Individual or if an Authorized Individual was previously named, that Authorized Individual will be authorized to write checks and use the debit card unless the Plan is directed otherwise in writing. When multiple Authorized Individuals are named, it is the responsibility of the Authorized Individuals to manage the Account in accordance with any legal documentation, such as guardianship documents or powers of attorney, that may require them to act together. If legal documentation requires Authorized Individuals to act together, it is the duty of the Authorized Individuals to reach agreement before either takes any actions in managing and transacting in the Account. Note that some States may require the submission of a separate release form when multiple Authorized Individuals are required to act together.

For entities: provide the name of the entity or organization in the First or Last Name boxes. Provide the organizations' Taxpayer Identification Number. Leave the birth date and citizenship boxes blank. Include the telephone number, street and mailing address of the entity or organization.

Authorized Individual's First Name (M.I.)

Authorized Individual's Last Name

Social Security Number or Taxpayer Identification Number — Birth Date *(mm/dd/yyyy)*

Citizenship *(If other than U.S. citizen, please indicate country of citizenship.)* — Telephone Number

☐ Check if address is the same as Account Owner, otherwise complete the following:

Permanent Street Address *(P.O. boxes are **not** acceptable.)*

City — State — Zip Code

Authorized Individual Type. I hereby certify under penalties of perjury that I am the Account Owner's: *(Select all that apply)*

1. ☐ Power of Attorney
2. ☐ Conservator OR ☐ Legal Guardian
3. ☐ Spouse
4. ☐ Parent
5. ☐ Sibling
6. ☐ Grandparent
7. ☐ SSA-appointed Representative Payee

INITIALS

I hereby certify under penalties of perjury that I am adding myself or my organization/entity as an Authorized Individual for an eligible minor or eligible adult who does not have Legal Capacity as defined in the Plan Disclosure Booklet. I further certify under penalties of perjury that I am the above-selected Authorized Individual type and that any legal documentation provided by me is true and correct. (see the Plan Addendum to determine what documentation, if any, the Plan requires to confirm the Authorized Individual's relationship to the Account Owner and authority to manage the Account on behalf of the Account Owner). I further certify under penalties of perjury that no other individual or entity that is willing and able to act as Authorized Individual ranks higher on the above list of possible Authorized Individuals and that I will notify Kansas ABLE Savings Plan if my authority expires or is removed. I acknowledge that I have received, read, understand, and agree to be bound by the terms, conditions and responsibilities stated in the Plan Disclosure Booklet as currently in effect. I agree to read and obtain understanding of any future Supplements to the Plan Disclosure Booklet issued during the time I am an Authorized Individual.

SIGNATURE

Signature of Authorized Individual — Date *(mm/dd/yyyy)*