

# MINNESOTABLE<sup>plan</sup>

## Minnesota ABLE Plan Entity Certification Form

- This Entity Certification Form (“**Form**”) is required to be uploaded when an Entity initially completes the online Entity Registration process and must be updated as described below.
- This Form must be completed and signed by a duly elected or appointed officer, the executive director of the Entity, or a representative of the Entity with comparable duties and authority to the executive director who has the authority to make binding commitments on behalf of the Entity (“**Authorized Officer**”). The Authorized Officer has the ability to act as a Signatory, add or edit Team Members, and edit Entity information settings through the Entity Management Dashboard.
- A completed, signed, and **notarized** Form must be uploaded to the “Upload Required Documentation” screen during the online Entity Registration process and any time the Authorized Officer is changed or added through the Entity Management Dashboard.
- The Authorized Officer is responsible for maintaining and immediately updating the online Entity Management Dashboard each time the information about the Entity changes, including without limitation, keeping current the designation of Team Members.
- The following terms used in this Form are defined as follows:
  - 1. Authorized Representative:** a Team Member who has been granted either Signatory or Read-Only access permission to the Entity Management Dashboard by the Authorized Officer.
  - 2. Entity:** a company, organization - either for-profit or non-profit - or government agency that is designated to act as Authorized Individual for one or more ABLE Eligible Individuals.
  - 3. Entity Management Dashboard:** The Entity Management Dashboard provides the ability for Team Members to open and manage and/or view multiple accounts on one dashboard. The Authorized Officer will utilize the Entity Management Dashboard to maintain and keep current Entity information settings and Team Member designations.
  - 4. Entity Registration:** The process by which an Entity provides information which the Plan must collect to be compliant with federal law. During the Entity Registration process, the Authorized Officer will provide the initial designation of Team Members. When the Entity Registration is reviewed and approved by the Plan, the Entity Management Dashboard will be available for the Entity Team Members to open and manage and/or view ABLE accounts under the Entity’s authority.
  - 5. Read-Only:** an access permission granted by the Authorized Officer that allows a Team Member to view Accounts and run transaction history reports for Accounts under the Entity’s authority. Read-Only access permission does not include access to Account level detailed information.
  - 6. Signatory:** an access permission granted by the Authorized Officer that allows a Team Member to open and manage and view accounts under the Entity’s authority. Each Team Member with Signatory access permission has the authority to act on behalf of the Entity and to bind the Entity with respect to any ABLE Account opened or maintained by the Entity.
  - 7. Team Member:** a member of an Entity group made up of the Authorized Officer(s), Authorized Representative(s), Beneficial Owner(s) (as applicable) and Control Person (as applicable) of the Entity. *What this means for you:* When you open an Account, we will ask for your name, address, date of birth, Social Security Number or Taxpayer Identification Number and other information that will allow us to identify you, such as your home telephone number. Until you provide the information we need, we may not be able to open an Account or effect any transactions for you.
- Capitalized terms used on this Form, but not defined in this Form, have the meanings provided in the Plan Disclosure Booklet.
- If you have any questions about completing the Form, please contact Minnesota ABLE at **1.888.609.8872**.



**1.888.609.8872**

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



**mn.savewithable.com**



**mn.clientservice@savewithable.com**

Regular mailing address:

**Minnesota ABLE Plan  
P.O. Box 219881  
Kansas City, MO 64121**

Overnight mailing address:

**Minnesota ABLE Plan  
1001 E 101st Terrace, Suite 200  
Kansas City, MO 64131**

**1. Entity Name**

Entity Name *(Required)*

Entity Name *(Required)*

Entity Phone Number

Entity Phone Number

Entity Email Address *(The email address provided must be a continually monitored organizational email address to which all Signatories must have access.)*

Entity Email Address *(The email address provided must be a continually monitored organizational email address to which all Signatories must have access.)*

**2. Authorized Officer Information**

Legal First Name of Authorized Officer

Legal First Name of Authorized Officer

(M.I.)

Legal Last Name of Authorized Officer

Legal Last Name of Authorized Officer

Authorized Officer's Title

Authorized Officer's Title

Authorized Officer's Direct Phone Number

Authorized Officer's Direct Phone Number

### 3. Entity Certifications, Signature, and Notarization

I, \_\_\_\_\_, (*full name*) certify that I am an Authorized Officer of \_\_\_\_\_ (*the Entity named in Section 1 of this Form*), and I am duly authorized to act on its behalf. As such, I certify the truth and accuracy of the following:

1. I have the authority to execute this Form on behalf of the Entity and have the authority to bind the Entity.
2. I have familiarity with the business and affairs of the Entity so as to be able to knowledgably make the statements set forth in this Form.
3. The Entity is in good standing in its jurisdiction of formation and any other required jurisdictions.
4. I understand that Minnesota ABLE will, in part, rely on the statements and certifications set forth on this Form in determining whether the Entity will be permitted to open Minnesota ABLE Accounts on behalf of Eligible Individuals.
5. I have the authority to act on behalf of the Entity and to delegate Team Members to further act on behalf of the Entity and to bind the Entity with respect to any Minnesota ABLE Account established or maintained by the Entity for an Eligible Individual.
6. I acknowledge that the initial delegation of Team Members will be made or have been made via the online Entity Registration and any subsequent removal or delegation of Team Members will be processed via the Entity Management Dashboard. I certify that I will ensure the Entity information, including the Team Member delegations contained on the Entity Management Dashboard remains accurate and current at all times.
7. I authorize Minnesota ABLE and the Plan Administrators to recognize the authority and permissions delegated to each Team Member as designated on the Entity Management Dashboard.
8. I authorize Minnesota ABLE and the Plan Administrators to accept and rely conclusively on any instructions or other communications given by any Team Member designated with Signatory permissions on the Entity Management Dashboard and to assume that the authority of any Team Member with Signatory permissions continues in effect until the Entity Management Dashboard is updated removing such permissions.
9. In my capacity as Authorized Officer, I will ensure that the Entity maintains policies and procedures implementing security measures reasonably designed to protect the Entity Management Dashboard from unauthorized access.
10. I acknowledge that at all times there shall be one person designated as an Authorized Officer for the Entity. Upon the need for a second or a replacement Authorized Officer, the Entity shall promptly submit a Form completed by the second or replacement Authorized Officer.
11. I acknowledge that should one or more Team Member leave the Entity or no longer serve the Entity in a role requiring the permissions granted to such Team Member, I will immediately remove such Team Member's permissions from the Entity Management Dashboard.
12. The Entity agrees to the terms and conditions of the Plan Disclosure Booklet as currently in effect and agrees to be bound by the terms and conditions of any Supplement or revision to the Plan Disclosure Booklet issued by the Plan during the time that the Entity serves as an Authorized Individual for any Minnesota ABLE Account.
13. I understand that Minnesota ABLE and each of the Plan Administrators will not assume any liability for acts by or omissions of the Entity or any designated Team Member. Further, Minnesota ABLE and each of the Plan Administrators are not IMinnesota ABLE in any way for actions taken or omissions made in reliance on instructions from any of the Team Members with Signatory permissions. The Entity shall indemnify and hold harmless Minnesota ABLE and each of the Plan Administrators from and against any and all loss, damage, liability, or expense, including reasonable attorneys' fees, that any of them may incur by reason of, or in connection with, any misstatement or misrepresentation made by the Entity or any Team Member with respect to an Account in which the Entity serves as an Authorized Individual, and any breach by the Entity or any Team Member of any of the agreements, representations, or warranties, contained in the Participation Agreement that is part of the Plan Disclosure Booklet.
14. This Form shall remain in full force and effect until revoked by an Authorized Officer of the Entity.

I am duly authorized to execute this Form. I know and understand the contents of this Form, and all statements on this Form are true and correct.

Signature of Authorized Officer

—   —

Date (mm-dd-yyyy)

Title of Authorized Officer

STATE OF \_\_\_\_\_ }

}ss

COUNTY OF \_\_\_\_\_ }

This instrument was acknowledged before me on \_\_\_\_\_ (date)  
by \_\_\_\_\_ (name/s of person/s)  
as \_\_\_\_\_ (type of authority, e.g., officer, trustee, etc.)  
of \_\_\_\_\_ (name of party on behalf of whom instrument was executed).

On \_\_\_\_\_ (date) before me, the undersigned notary public, personally appeared \_\_\_\_\_ , proved to me through satisfactory evidence of identification, which were \_\_\_\_\_ , to be the person who signed the preceding or attached document in my presence, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of his/her knowledge and belief.

Signature of Notary

—   —

Date (mm/dd/yyyy)

Name of Notary (first, middle initial, last)

My commission expires:

—   —

Date (mm/dd/yyyy)

**Notary to place seal here**