MINNESOTAABLEplan
A member of The National ABLE Alliance

Minnesota ABLE Plan

Agent Authorization/Power of Attorney

- Complete this form to designate someone as your Agent with authority to act on your ABLE Account.
- You may only designate **one level of authorization** in **Section 3** for the Account listed on this form.
- This **Agent Authorization/Power of Attorney Form** must be signed by the Account Owner in **Section 4**. If you are selecting Levels 2, 3, or 4 your signature must be notarized.
- This **Agent Authorization/Power of Attorney Form** must also be signed by the Agent in **Section 2** if Level 2, 3, or 4 is granted. Level 1 authorization does not require a signature by the Authorized Agent.
- 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. Do not staple.

Forms can be downloaded from our website at **mn.savewithable.com**, or you can call us to order any form — or request assistance in completing this form — at **1.888.609.8872** any business day from 8 a.m. to 5 p.m. CT.

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
920 Main Street, Suite 900
Kansas City, MO 64105

IMPORTANT NOTICE TO THE ACCOUNT OWNER

READ THIS NOTICE CAREFULLY. The power of attorney form that you will be signing is a legal document. It is governed by Minnesota Statutes, chapter 523. If there is anything about this form that you do not understand, you should seek legal advice.

PURPOSE: The purpose of the power of attorney is for you, the Account Owner, to give broad and sweeping powers to your Agent, who is the person you designate to handle your affairs. Any action taken by your Agent pursuant to the powers you designate in this power of attorney form binds you, your heirs and assigns, and the representative of your estate in the same manner as though you took the action yourself.

This form will give the person you designate (your "Agent") broad powers to do business with the Member Plan, as defined in the National Able Alliance Plan Disclosure Statement ("Plan Disclosure Statement"). This may include the ability to make investment decisions, contributions, withdrawals, and take other action with the Member Plan without notifying you or getting your approval.

THIS POWER OF ATTORNEY DOES NOT GRANT ANY POWERS TO MAKE HEALTH CARE DECISIONS FOR YOU. TO GIVE SOMEONE THOSE POWERS, YOU MUST USE A HEALTH CARE DIRECTIVE THAT COMPLIES WITH MINNESOTA STATUTES, CHAPTER 145C.

DUTIES: This form does not require your Agent to use the granted powers. When powers are used, 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 provision of this Power of Attorney and applicable law.

Your Agent must keep complete records of all transactions performed on your behalf. You may request that your Agent provide you or someone else that you designate a written statement that gives reasonable notice of all transactions entered into on your behalf. Your agent must also render an accounting if the agent reimburses himself or herself for any expenditure they made on behalf of you.

An Agent is personally liable to any person, including you, who is injured by an action taken by an Agent in bad faith under the power of attorney or by an agent's failure to account when the agent has a duty to account under this section. The Agent must act with your interests utmost in mind.

TERMINATION: Until you, or a court acting on your behalf, revoke or terminate this Power of Attorney, your Agent may exercise the powers given here. If you wish to revoke this Power of Attorney, you must notify the Agent in writing and send a copy to the Member Plan at the address above.

MINNESOTA ABLE POA

If this power of attorney is granted to your spouse and proceedings are commenced for dissolution, legal separation, or annulment of your marriage, this Power of Attorney is automatically terminated.

You are not required to sign this form. It will not take effect without your signature. You should not sign this form if you do not understand everything in it, and what your agent will be able to do if you do sign it.

This Power of Attorney is intended to comply with the laws of Minnesota. In the event of a conflict between this Power of Attorney and the laws of Minnesota, the laws of Minnesota shall control. You may have other rights or powers under the laws of Minnesota not specified in this form.

IMPORTANT NOTICE TO THE ATTORNEY-IN-FACT ("AGENT")

The Account Owners has nominated you to act as an Agent. You are not required to exercise the authority granted by the power of attorney. However, when you do exercise any power conferred by the power of attorney, you must:

(1) act with the interests of the Account Owner utmost in mind;

(2) use the discretion and intelligence that an ordinarily prudent would use in the management of the person's own affairs;

(3) provide accountings as directed by the Account Owner or whenever you reimburse yourself for expenditures made on behalf of the Account Owner;

(4) act in good faith for the best interest of the Account Owner, using due care, competence, and diligence;

(5) cease acting on behalf of the Account Owner in the event that this power of attorney is terminated or your authority under this power of attorney is terminated, such as the Account Owner terminating the power of attorney, the death of the Account Owner, or the commencement of proceedings for dissolution, separation, or annulment of your marriage to the Account Owner;

(6) provide your identity whenever you act for the Account Owner by signing in the following manner:

"Agent for (name of the Account Owner)" or "(name of the Account Owner) by (name of the Agent) the Account Owner's Attorney-in-Fact".

You are personally liable to any person, including the Account Owner, who is injured by an action taken by you in bad faith under the power of attorney or by your failure to account when the duty to account has arisen.

The meaning of the powers granted to you is contained in Minnesota Statutes, chapter 523. If there is anything about this document or your duties that you do not understand, you should seek legal advice.

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

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Social Security Number or Taxpayer Identification Number

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Account Number

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

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

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City State Zip Code

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Telephone Number

2. Agent information *(All information in this section is required.)*

Name of Agent *(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. 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 Agent ***(Required for Authorization Level 2, 3, or 4)***

Date *(mm/dd/yyyy)*

3. Authorization level *(Please select only one of the four levels of authorization below.)*

I, the Account Owner listed in **Section 1,** appoint the Agent listed in **Section 2,** as my Agent *(please initial the appropriate level of access that applies to the Account listed in **Section 1**).*

LIMITED POWER OF ATTORNEY

Initial

Level 1 — Account Inquiry Access.

- Obtain information about the account.
- Receive duplicate Account statements from Minnesota ABLE Plan.

Initial

Level 2 — Authorization - Level 1 plus the following.

- Contribute money to the Account.
- Move money among Investment Options within the Account.

Initial

Level 3 — Authorization - Level 1 and 2 plus the following.

- Withdraw now or in the future, money from the account.

* The authority in Level 1, 2, or 3 Access is limited to the level of authority specified above. Unless I select Level 4 below, my Agent shall have no authority to take any other action, including, but not limited to: a) changing the address of record on my Account; b) adding, deleting, or changing any banking information with respect to my Account; and c) transferring Account ownership.

LEVEL 4 AUTHORIZATION

Initial

Authorization - grants the Authorized Agent Level 1, 2 and 3 plus the following.

- Transfer Account ownership to an Eligible Individual who is a Member of the Family
- Close the Account
- Add/Change/Remove Banking Information
- Change the address of record on the Account

4. Signature, 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 DISABLED, 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 the Minnesota ABLE Plan 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 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 Minnesota ABLE Plan, 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 AGENT, YOU SHOULD SEEK LEGAL ADVICE BEFORE SIGNING THIS FORM.

SIGNATURE

Signature of Account Owner

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Date *(mm/dd/yyyy)*

Your signature must be notarized if you have selected Level 2, 3, or 4. See below. We cannot accept a signature guarantee in place of a notary's seal.

STATE OF _____)

)ss.:

COUNTY OF _____)

This document was acknowledged before me on_____ (date) by _____ *(name of Account Owner)*, who certifies the correctness of the signature of the Account Owner.

SIGNATURE

Signature of Notary

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Date *(mm/dd/yyyy)*

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Name of Notary *(first, middle initial, last)*

My commission expires:

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Date *(mm/dd/yyyy)*

Notary to place seal here

Applies to signature in **Section 4.**