

Mississippi ABLE

## **Power of Attorney - Authorized Individual**

- Complete this form to designate someone as an Authorized Individual with authority to act as your Agent on your ABLE Account.
- 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 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. Do not staple.

Forms can be downloaded from our website at **ms.savewithable.com**, or you can call us to order any form—or request assistance in completing this form—at **1.888.609.3469** any business day from 8 a.m. to 5 p.m. CT.



ms.savewithable.com

ms.clientservice@savewithable.com

Regular mailing address:

Mississippi ABLE P.O. Box 219092 Kansas City, MO 64121

Overnight mailing address:

Mississippi ABLE 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.

	$\rfloor -  $																										_ [		
Social Securit	y Numb	er or Tax	payer l	ldenti	ficatio	n Nu	mber								A	ccour	t Nu	nber											
																													_
Name of Acco	ount Owr	ner <i>(first,</i>	middle	e initia	al, last	 t)																							
														7		7										1			
Permanent St		ress <i>(A F</i>		or rur	ral rou	ıte nu	шш mber i	s not	l accep	L otable	 e.)						┙└	_	_  _							╛┖	_		-
													1	7	Г		7	Г	7	П	$\neg$		٦٢	$\neg$	_	г			_
City	_														Sta	⊥L ate		_ 7ir	L o Cod									_	-
	¬ [			l.											010				, 000										
	<u> </u>			_																									
Telephone Nu	mber																												
<b>Authoriz</b>	ed In	divid	ual i	nfo	rma	tio	1 <i>(A</i>	ll inf	orm	atio	n in	thi	s se	ctio	n is	req	uire	d.)											
														1	1	7	7						٦٢			1			_
Name of Auth	∟∟∟∟ orized Ir	l ∟_ ndividua	⊥ L I (first. ı	niddle	initia	al. las	t)															] [				╛┖			-
	¬ ,		, ., ¬				<i>'</i>																						
	I I		—																										
	ا ِ ا		٦ <u> </u>	_																									
Social Securit	l :y numbe	er or oth	⊐ er Tax I	D num	nber																								
Social Securit	l cy numbe	er or oth	er Tax I	D num	nber										7		7												_
Social Securit		er or oth	er Tax I	D num	nber																								
		er or oth	er Tax I	D num	nber																								
		er or oth	er Tax I	D num	nber										Sta	ate		Zip	Cod	[ [ e									
Mailing Addre		er or oth	er Tax I	D num	nber										Sta	ate		Zip	Cod	[ [ e									
Mailing Addre	ess [ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	er or oth	er Tax I	D num	nber										Sta	ate		Zip	Cod	[					_				
Mailing Addre	ess [ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	er or othe	er Tax I	D num	nber										Sta	ate		Zip	Cod	[					_				
Mailing Addre	ess — [ mber G, ACCI	EPTING	i, OR A		SIG U										THE	FIDL		RY A	۸ND	OTI									
Mailing Addre	ess  — [ mber  G, ACCI	EPTING NOWLI	i, OR A	ACTIN	NG U	AGE	NT,	ACT	EXC	CLUS	SIVE	LY F	OR 1	THE E	THE BENI	FIDU EFIT	OF 1	RY A	ND ACC	0TI	NT	0W	/NE	R A	١N	) N	EITH	HER	ŀ
Mailing Addre	esss — [] mber G, ACCI I ACKI	EPTING NOWLI	i, OR A	ACTIN THAT	NG U	AGE NTEF	ENT, REST	ACT	EXC	CLUS ABLE	SIVE AC(	LY F COU	OR 1 NT I	THE E	THE BENI	FIDU EFIT THE	OF 1 LIFE	RY A THE A	ND ACC E Of	0TI :0U :TH	NT IE A	VOC VOC	/NE OU	R A	INA VO	) NI VNE	EITH ER. I	HER FU	l I
Mailing Addre	esss — [] — [] — [] Mber ACCI ACCUIF	EPTING NOWLI RE ANY	i, OR AEDGE BENDOWE	ACTIN THATEFICIA DU	NG U  , AS  AL III	AGE NTEF )F LO	ent, Rest Yalt	ACT IN T Y TC	EX( HE A ) AN	CLUS ABLE ID PI	SIVE ACC ROTE	LY F COU ECTI	OR 1 NT I ON	THE E DURI OF T	THE BENI ING THE B	FIDL EFIT THE BEST	OF 1 LIFE INT	RY A THE A TIM ERES	AND ACC E OF STS	OTI OU TH	NT IE <i>A</i> TH	OW ACC E A	/NE OU CCC	R A NT OUN	10/A VO TV	O NI VNE OW	EITH ER. I 'NEF	HER FUI R, A	IF
Mailing Addre	ess — [] mber G, ACCI ACCUIF	EPTING NOWLI RE ANY THAT I	i, OR A	ACTIN THAT EFICI A DU	NG U T, AS AL IITY O	AGE NTEF OF LO D TO	ent, Rest Yalt Use	ACT IN T Y TC ORI	EXC HE A AN DINA	CLUS ABLE ID PI ARY	SIVE ACC ROTE SKIL	LY F COU ECTI L AI	OR 1 NT I ON ND F	THE E DURI OF T PRUC	THE BENI ING THE B DEN(	FIDU EFIT THE BEST CE IN	OF 1 LIFE INT I TH	RY A THE A TIM ERES E EX	AND ACC E OF STS ERC	OTI OU TH	NT IE <i>A</i> TH	OW ACC E A	/NE OU CCC	R A NT OUN	10/A VO TV	O NI VNE OW	EITH ER. I 'NEF	HER FUI R, A	l I
Mailing Addre	ess — [] mber G, ACCI ACCUIF	EPTING NOWLI RE ANY THAT I	i, OR A	ACTIN THAT EFICI A DU	NG U T, AS AL IITY O	AGE NTEF OF LO D TO	ent, Rest Yalt Use	ACT IN T Y TC ORI	EXC HE A AN DINA	CLUS ABLE ID PI ARY	SIVE ACC ROTE SKIL	LY F COU ECTI L AI	OR 1 NT I ON ND F	THE E DURI OF T PRUC	THE BENI ING THE B DEN(	FIDU EFIT THE BEST CE IN	OF 1 LIFE INT I TH	RY A THE A TIM ERES E EX	AND ACC E OF STS ERC	OTI OU TH	NT IE <i>A</i> TH	OW ACC E A	/NE OU CCC	R A NT OUN	10/A VO TV	O NI VNE OW	EITH ER. I 'NEF	HER FUI R, A	IF
Mailing Addre	ess — [] mber G, ACCI ACQUIF EDGE T CONFLI Y BENE	EPTING NOWLI RE ANY THAT I I CTS OF	i, OR A	ACTIN THAT EFICI A DU	NG U T, AS AL IITY O	AGE NTEF OF LO D TO	ent, Rest Yalt Use	ACT IN T Y TC ORI	EXC HE A AN DINA	CLUS ABLE ID PI ARY	SIVE ACC ROTE SKIL	LY F COU ECTI L AI	OR 1 NT I ON ND F	THE E DURI OF T PRUC	THE BENI ING THE B DEN(	FIDU EFIT THE BEST CE IN	OF 1 LIFE INT I TH	RY A THE A TIM ERES E EX	AND ACC E OF STS ERC	OTI OU TH	NT IE <i>A</i> TH	OW ACC E A	/NE OU CCC	R A NT OUN	10/A VO TV	O NI VNE OW	EITH ER. I 'NEF	HER FUI R, A	IR

## 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 Mississippi ABLE 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 Mississippi ABLE.

I agree that any third party who receives a copy of this document may act under it with respect to the Mississippi ABLE 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 Mississippi ABLE, 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	e (mm/dd/yyyy)			
The Account Owner's signature must be notarized. We	e cannot accept	a signature guai	rantee in pl	ace of a no	tary's s	seal.
STATE OF)						
)ss.:						
COUNTY OF)						
This document was acknowledged before me on						
SIGNATURE Signature of Notary		Date	 e (mm/dd/yyyy)			
Name of Notary (first, middle initial, last)						
My commission expires:  Date (mm/dd/yyyy)		No	tary to pla	ce seal her	·e	
		Δηι	olies to signatu	re in <b>Section</b>	3	

## Witness Signatures and Representations:

By signing as a witness, I acknowledge that the Account Owner signed this durable Power of Attorney in my presence or the Account Owner acknowledged to me that his or her signature was affixed by him or her at his or her direction. I also acknowledge that the Account Owner has stated that this instrument reflects his or her wishes and that he or she has signed it voluntarily. I am not named herein as a permissible recipient of any gift or other transfer.

SIGNATURE Signature of Witness		
Name of Witness (first, middle initial, last)		
Mailing Address		
City	State	Zin Code