



MONTANA ABE
National ABE Alliance Member

Montana ABE

Agent Authorization/Power of Attorney

- Complete this form to designate someone as your Agent with authority to act on your ABE 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 mt.savewithable.com, or you can call us to order any form — or request assistance in completing this form — at **1.888.609.3461** any business day from 8 a.m. to 5 p.m. MT.

 **1.888.609.3461**
8 a.m. to 5 p.m. MT M-F

 **mt.savewithable.com**

 **mt.clientservice@savewithable.com**

Regular mailing address:

Montana ABE
P.O. Box 219234
Kansas City, MO 64121

Overnight mailing address:

Montana ABE
920 Main Street, Suite 900
Kansas City, MO 64105

WARNING TO PERSON EXECUTING THIS DOCUMENT:

THIS IS AN IMPORTANT LEGAL DOCUMENT WHICH IS AUTHORIZED BY THE LAWS OF EACH MEMBER STATE, AS DEFINED IN THE NATIONAL ABE ALLIANCE PLAN DISCLOSURE STATEMENT (THE "PLAN DISCLOSURE STATEMENT"). THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING.

NOTICE: UNLESS YOU LIMIT THE POWER IN THIS DOCUMENT, THIS DOCUMENT GIVES 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 THE PERSON YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO TRANSACT BUSINESS WITH THE MEMBER PLAN, AS DEFINED IN THE PLAN DISCLOSURE STATEMENT, WHICH MAY INCLUDE POWERS TO MAKE INVESTMENT DECISIONS, CONTRIBUTIONS, WITHDRAWALS, AND TAKE OTHER ACTION IN CONNECTION WITH THE MEMBER 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, EVEN AFTER YOU BECOME DISABLED. IF YOU WISH TO REVOKE THIS POWER OF ATTORNEY YOU MUST NOTIFY THE AGENT IN WRITING WITH A COPY TO THE MEMBER PLAN AT THE ADDRESS ABOVE.

THIS POWER OF ATTORNEY IS INTENDED TO COMPLY WITH THE LAWS OF EACH MEMBER STATE. IN THE EVENT OF A CONFLICT BETWEEN THIS POWER OF ATTORNEY AND THE LAWS OF A MEMBER STATE, THE LAWS OF THE MEMBER STATE SHALL CONTROL. YOU MAY HAVE OTHER RIGHTS OR POWERS UNDER THE LAWS OF THE MEMBER STATE NOT SPECIFIED IN THIS FORM.

THIS AGENT AUTHORIZATION/POWER OF ATTORNEY GRANTS THE POWER TO AN AGENT TO MAKE BUSINESS DECISIONS CONCERNING THIS MEMBER PLAN ON YOUR BEHALF, NOT HEALTH CARE DECISIONS. FOR QUESTIONS ON MONTANA POWERS OF ATTORNEY, SEE A LICENSED MONTANA ATTORNEY. INFORMATION ABOUT MONTANA POWERS OF ATTORNEY CAN BE FOUND IN MONTANA CODE ANNOTATED, TITLE 72, CHAPTER 31, PART 3, "UNIFORM POWER OF ATTORNEY ACT."



* MONTANA ABE POA *

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

□□□ — □□ — □□□□
Social Security Number or Taxpayer Identification Number

□□□□□□□□□□ — □□
Account Number

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

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

□□□
City

□□
State

□□□□□□ — □□□□□□
Zip Code

□□□ — □□□ — □□□□
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 Montana ABLE.

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 Authorization 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

Level 4 — 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

