

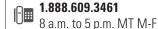


Montana ABI F

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 **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.







Regular mailing address:

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

Overnight mailing address:

Montana 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.

	$\neg \neg \neg -$	-																		– Г	
Social Security Number	r or Taxpayer	r Identific	cation N	ımber							Accou	nt Nur	mber								
Name of Account Own	er (first, midd	lle initial,	last)																		
														1	1	1					٦٢
Permanent Street Addr		⊥ L L ox or rurai	l L I route ni	umber is	L s not ac	L ceptab	le.)		L							J [
						- - -									1		1	٦_			7
City											State		 7in (I L Code					L		JL
		7 [1							otato		Z.P	Jouo							
Talankana Numban] — [
Telephone Number																					
Authorized Inc	lividual	infori	matio	n <i>(Al</i>	l info	rmati	on in	this	sect	tion	is req	uire	d.)								
Name of Authorized In	dividual <i>(first,</i>	middle i	initial, la	st)																	
	$\neg \Box -$	-																			
Social Security numbe	r or other Tax	ے لیے ID numb ت	er Der																		
															1						
Mailing Address														J]			_			_ _
0												\neg		1	1		1	7			7
																					JL
City													7in I	ann.							
City				1							State		Zip	oae.							
] – [State		Zip	>oae							
City Telephone Number] [State		Zip	ode.							
Telephone Number											HE FIDU		RY AI	ND O							
Telephone Number BY SIGNING, ACCE AN AGENT. I ACKN	IOWLEDGE	THAT,	AS AG	ENT, I	ACT E	EXCLU	SIVEL	Y FO	R TH	E BE	HE FIDU ENEFIT	OF T	RY AN	ND O	UNT	0W	/NEF	RAN	D N	EITH	ER
Telephone Number BY SIGNING, ACCE AN AGENT. I ACKN NOR WILL ACQUIF	NOWLEDGE RE ANY BEN	E THAT, NEFICIA	AS AG AL INTE	ENT, I REST	ACT E	EXCLU E ABL	SIVEL E ACC	Y FO	R TH T DU	E BE JRIN	HE FIDU ENEFIT IG THE	OF T	RY AN THE A	ND O CCO OF	UNT [HE #	OV 202	/NEF OUN	R AN IT O\	D NI WNE	EITH R. I	ER Fuf
Telephone Number BY SIGNING, ACCE AN AGENT. I ACKN	IOWLEDGE BE ANY BEN HAT I OWE	THAT, NEFICIA A DUT	AS AG AL INTE Y OF LO	ent, i rest dyalt	ACT E IN THI Y TO A	EXCLU E ABL AND F	SIVEL E ACC ROTE	Y FOO COUN CTIO	r th t du n of	E BE JRIN TH	HE FIDU ENEFIT IG THE E BEST	OF T LIFE	ry an The A Time Eres	ND O CCO OF TS C	UNT THE A OF TH	0W ACC E A	/NEF OUN CCOI	R AN IT OV UNT	D NI Wne OW	EITH ER. I NER	er Fuf , a
Telephone Number BY SIGNING, ACCE AN AGENT. I ACKN NOR WILL ACQUIF ACKNOWLEDGE T	NOWLEDGE RE ANY BEN HAT I OWE CTS OF INT	THAT, NEFICIA A DUT EREST	AS AG AL INTE Y OF LO AND T	ENT, I REST DYALT O USE	ACT E IN THI Y TO A ORDI	EXCLU E ABL AND F NARY	SIVEL E ACC ROTE SKILI	Y FOI COUN CTIO L ANI	r thi t du n of d pri	E BE JRIN TH UDE	HE FIDU ENEFIT IG THE E BEST ENCE IN	OF T LIFE INTI I THI	RY AN THE A TIME ERES E EXE	ND O CCO OF TS C RCIS	UNT THE A OF TH	0W ACC E A	/NEF OUN CCOI	R AN IT OV UNT	D NI Wne OW	EITH ER. I NER	er Fuf , a
Telephone Number BY SIGNING, ACCE AN AGENT. I ACKN NOR WILL ACQUIF ACKNOWLEDGE TI TO AVOID CONFLIC	NOWLEDGE RE ANY BEN HAT I OWE CTS OF INT	THAT, NEFICIA A DUT EREST	AS AG AL INTE Y OF LO AND T	ENT, I REST DYALT O USE	ACT E IN THI Y TO A ORDI	EXCLU E ABL AND F NARY	SIVEL E ACC ROTE SKILI	Y FOI COUN CTIO L ANI	r thi t du n of d pri	E BE JRIN TH UDE	HE FIDU ENEFIT IG THE E BEST ENCE IN	OF T LIFE INTI I THI	RY AN THE A TIME ERES E EXE	ND O CCO OF TS C RCIS	UNT THE A OF TH	0W ACC E A	/NEF OUN CCOI	R AN IT OV UNT	D NI Wne OW	EITH ER. I NER	er Fuf , a

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 Montana 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 Montana ABLE.

I agree that any third party who receives a copy of this document may act under it with respect to the Montana 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 Montana 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 (mm/dd/yyyy)
The Account Owner's signature must be notarized. 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 (name of Account Owner), who certifies the correctness of the signature of the	
SIGNATURE	
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
	Applies to signature in Section 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	Date (mm/dd/yyyy)
Name of Witness (first, middle initial, last)	
Mailing Address	
City	State Zip Code