



# NC ABLE

National ABLE Alliance Member

NC 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 [nc.savewithable.com](https://nc.savewithable.com), or you can call us to order any form — or request assistance in completing this form — at **1.888.627.7503** any business day from 8 a.m. to 5 p.m. ET.

In lieu of completing this form, you may submit an existing Power of Attorney. The Power of Attorney will be reviewed by the NC ABLE Program and the agent will be permitted to act for the account owner regarding the NC ABLE account only upon the approval of the Power of Attorney by the NC ABLE Program.



**1.888.627.7503**

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



**[nc.savewithable.com](https://nc.savewithable.com)**



**[nc.clientservice@savewithable.com](mailto:nc.clientservice@savewithable.com)**

Regular mailing address:

**NC ABLE**  
**P.O. Box 219350**  
**Kansas City, MO 64121**

Overnight mailing address:

**NC 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 THE STATE OF NORTH CAROLINA.

**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 INCLUDES WITHOUT LIMITATION POWERS TO MAKE INVESTMENT DECISIONS, CONTRIBUTIONS AND WITHDRAWALS, NAME A SUCCESSOR ACCOUNT OWNER 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 THIS POWER OF ATTORNEY OR YOUR AGENT'S AUTHORITY TERMINATES 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 OF NORTH CAROLINA. IN THE EVENT OF A CONFLICT BETWEEN THIS POWER OF ATTORNEY AND THE APPLICABLE LAWS OF THE STATE OF NORTH CAROLINA, THE LAWS OF THE STATE OF NORTH CAROLINA SHALL CONTROL. YOU MAY HAVE OTHER RIGHTS, RESPONSIBILITIES OR POWERS UNDER THE APPLICABLE LAWS OF THE STATE OF NORTH CAROLINA NOT SPECIFIED IN THIS FORM.



**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, BUT ANY REVOCATION MUST BE PROVIDED IN WRITING TO THE PLAN AND THE AGENT. IN ADDITION, THIS POWER OF ATTORNEY TERMINATES IF (1) YOUR AGENT DIES, RESIGNS, OR BECOMES INCAPACITATED; OR (2) A COURT OR YOUR GUARDIAN OF THE ESTATE OR GENERAL GUARDIAN TERMINATES IT OR REVOKES YOUR AGENT’S AUTHORITY. ABSENT REVOCATION OR TERMINATION OTHERWISE, 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 NC 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 NC ABLE. The Agent may act with respect to the NC ABLE Account in any manner permitted by the laws of the State of North Carolina, including without limitation Chapter 32C of the North Carolina General Statutes (the North Carolina Uniform Power of Attorney Act). Without limiting the foregoing, the Agent, on behalf of the Account Owner, may send and receive communications with the Plan Administrators by electronic mail or other electronic communications (as defined in 18 U.S.C. § 2510(12)).

I agree that any third party who receives a copy of this document may act under it with respect to the NC ABLE Account identified in **Section 1**. Revocation or termination of this 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 NC 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.

I agree that this Power of Attorney is created pursuant to the laws of the State of North Carolina and the meaning and effect of this Power of Attorney shall be determined according to the laws of the State of North Carolina.

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

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Date (mm/dd/yyyy)

