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The NH ABI F Plan

Add an Authorized Individual Form

IMPORTANT INFORMATION ABOUT ADDING AN AUTHORIZED INDIVIDUAL

Complete this form to add an Authorized Individual to an existing ABLE Account.

- This form must be signed by the person or authorized representative of the organization or entity seeking to serve as an Authorized Individual on an ABLE Account.
- One or more Authorized Individuals may manage and transact on the Account if they
 are on the same level of priority on the list of possible Authorized Individuals. An
 Authorized Individual may be the Account Owner's agent under a power of attorney,
 or if none, conservator or legal guardian, spouse, parent, sibling, grandparent,
 or representative payee appointed for the Account Owner by the Social Security
 Administration, in that order of priority.
- The Plan Disclosure Booklet contains important information about serving as an Authorized Individual. Capitalized terms used in this form and not defined, have the meanings provided in the Plan Disclosure Booklet.
- Type or print clearly, printing in capital letters and black ink. Please mail the form to The NH ABLE Plan. Do not staple.

1.888.609.3263 8 a.m. to 5 p.m. ET M-F

nh.savewithable.com

nh.clientservice@savewithable.com

Regular mailing address: The NH ABLE Plan P.O. Box 219386

Kansas City, MO 64121

Overnight mailing address:

The NH ABLE Plan 1001 E 101st Terrace, Suite 200 Kansas City, MO 64131

Forms can be downloaded from our website at **nh.savewithable.com**, or you can call us to order any form — or request assistance in completing this form — at **1.888.609.3263** any business day from 8 a.m. to 5 p.m. ET.

Account Owner information
Account Number
Name of Account Owner (first, middle initial, last)
Telephone Number

2. Authorized Individual Information

Authorized Individual

To be completed by the person, or by the authorized representative of an organization or entity, that is being added as an Authorized Individual on the Account. An Authorized Individual may be the Account Owner's agent under a power of attorney, or, if none, a conservator or legal guardian, spouse, parent, sibling, grandparent, or representative payee appointed by the Social Security Administration, in that order of priority. If an Account has multiple Authorized Individuals, all Authorized Individuals must be at the same priority level. If the Checking Account Option is selected, only one Authorized Individual will be authorized to write checks and use the debit card. If the Account was opened by an Authorized Individual or if an Authorized Individual was previously named, that Authorized Individual will be authorized to write checks and use the debit card unless the Plan is directed otherwise in writing. When multiple Authorized Individuals are named, it is the responsibility of the Authorized Individuals to manage the Account in accordance with any legal documentation, such as guardianship documents or powers of attorney, that may require them to act together. If legal documentation requires Authorized Individuals to act together, it is the duty of the Authorized Individuals to reach agreement before either takes any actions in managing and transacting in the Account. Note that some States may require the submission of a separate release form when multiple Authorized Individuals are required to act together.

For entities: provide the name of the entity or organization in the First or Last North Identification Number. Leave the birth date and citizenship boxes blank. Include the entity or organization.			
Authorized Individual's First Name	(M.I.)		
Authorized Individual's Last Name			
Social Security Number or Taxpayer Identification Number	Birth Date (mm/dd/yyyy)		
Citizenship (If other than U.S. citizen, please indicate country of citizenship.)	Felphone Number		
Check if address is the same as Account Owner, otherwise complete the following:			
Crieck in address is the same as Account Owner, otherwise complete the following.			
Permanent Street Address (P.O. boxes are not acceptable.)			
remainent Street Address (r.o. boxes are not acceptable.)			
City	State Zip Code		
Authorized Individual Type. I hereby certify under penalties of perjury that I am the Account Owner's: (Select all that apply)			
1. Power of Attorney 2. Conservator OR Legal Guardian	3. Spouse 4. Parent		
5. Sibling 6. Grandparent	7. SSA-appointed Representative Payee		
Individual for an eligible minor or eligible adult who does not he Booklet. I further certify under penalties of perjury that I am the that any legal documentation provided by me is true and correct documentation, if any, the Plan requires to confirm the Authorist and authority to manage the Account on behalf of the Account that no other individual or entity that is willing and able to act above list of possible Authorized Individuals and that I will not removed. I acknowledge that I have received, read, understand responsibilities stated in the Plan Disclosure Booklet as current of any future Supplements to the Plan Disclosure Booklet issue	nave Legal Capacity as defined in the Plan Disclosure e above-selected Authorized Individual type and ct. (see the Plan Addendum to determine what zed Individual's relationship to the Account Owner Owner). I further certify under penalties of perjury as Authorized Individual ranks higher on the ify The NH ABLE Plan if my authority expires or is I, and agree to be bound by the terms, conditions and tly in effect. I agree to read and obtain understanding		
SIGNATURE			
Signature of Authorized Individual	Date (mm/dd/vyvy)		