



NJ 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 [nj.savewithable.com](http://nj.savewithable.com), or you can call us to order any form—or request assistance in completing this form—at **1.888.609.8869** any business day from 8 a.m. to 5 p.m. ET.

 **1.888.609.8869**  
8 a.m. to 5 p.m. ET M-F

 [nj.savewithable.com](http://nj.savewithable.com)

 [nj.clientservice@savewithable.com](mailto:nj.clientservice@savewithable.com)

Regular mailing address:

**NJ ABLE**  
**P.O. Box 219289**  
**Kansas City, MO 64121**

Overnight mailing address:

**NJ 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.

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

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Social Security Number or Taxpayer Identification Number

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Account Number

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

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

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City

□□  
State

□□□□□□ – □□□□  
Zip Code

□□□ – □□□ – □□□□  
Telephone Number

2. Authorized Individual information (All information in this section is required.)

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Name of Authorized Individual (first, middle initial, last)

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Social Security number or other Tax ID number

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Mailing Address

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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 AND NEITHER HAVE NOR WILL ACQUIRE ANY BENEFICIAL INTEREST IN THE ABLE ACCOUNT DURING THE LIFETIME 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 Authorized Individual

□□ – □□ – □□□□  
Date (mm/dd/yyyy)



**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