RI's ABLE

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Co-Guardian Release Form

- This form is to be used to designate two Co-Guardians as Authorized Individuals on an account in instances where there is no clear indication in court documentation if the parties must act jointly or independently.
- This form also allows for you to process an exchange of current assets into new allocations (**Section 3**). (*You can only do this twice per calendar year.*) You can also change your allocation instructions for future contributions (**Section 4**).
- 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 **ri.savewithable.com**, or you can call us to order any form—or request assistance in completing this form—at **1.888.609.8915** any business day from 8 a.m. to 5 p.m. ET.

	1.888.609.8915 8 a.m. to 5 p.m. ET M-F		
₹	ri.savewithable.com		
$\succeq_{\!0}$	ri.clientservice@savewithable.com		
RI's P.O.	llar mailing address: ABLE Box 219603 sas City, MO 64121		
Overnight mailing address: RI's ABLE 920 Main Street, Suite 900 Kansas City, MO 64105			

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				

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Telephone Number

2. Co-Guardian information (All information in this section is required.)

Co-Guardian A
Name of Co-Guardian (first, middle initial, last)
Social Security number or other Tax ID number
Mailing Address
City State Zip Code
Telephone Number
Co-Guardian B
Name of Co-Guardian (first, middle initial, last)
Social Security number or other Tax ID number
Mailing Address
City State Zip Code

3. Investment Option Change

- For each Investment Option you wish to change, indicate the percentage of assets you want moved and where you want the assets invested.
- See the RI's ABLE Disclosure Documents, available at **ri.savewithable.com**, for complete information on Investment Options.
- Your total Investment Option percentages must equal 100%.

Remember: Federal law allows Account Owners to make two Investment Option changes each calendar year.

Note: This change applies only to the assets currently held in your account; it will not affect the allocation of your future investments.

Exchange FROM			Investment Option	Exchange TO		
All		Percentage				
	OR	<u></u> %	Aggressive			
	OR	<u></u> %	Moderately Aggressive	%		
	OR	<u></u> %	Growth			
	OR	<u></u> %	Moderate			
	OR	<u></u> %	Moderately Conservative	%		
	OR	<u></u> %	Conservative			
	OR	<u></u> %	Checking Option			
				1 0 0 %		

4. Allocation instructions for future contributions

- Whether or not you made an investment change in **Section 3**, if you want to change how future contributions are allocated to your Investment Options, indicate the new allocations below.
- If you have added additional Investment Options in **Section 3**, please be sure that the allocations below reflect the correct Investment Options for your future contributions.
- Your future contributions will not affect assets currently held in your account.
- Your total Investment Option percentages must equal 100%.

Aggressive		%
Moderately Aggressive		%
Growth		%
Moderate		%
Moderately Conservative		%
Conservative		%
Checking Option		%
	1 0	0 %

5. Checking Option Information (only to be completed if you select the Checking Option in Section 3 or 4 and you do not currently or have not previously invested in the Checking Option.)

*Important Information about the Checking Option:

•	You will receive a free debit card within	10 days after	the Checking	Option is	s funded and	d you have the	option to	order cl	hecks
	for a nominal fee.								

(optional) Please send me a check book that contains 50 checks. A fee of \$6.00 will be assessed to the Checking Option
The check book will be shipped when the balance of the Checking Option is at least \$25.00.

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6. Signature, indemnification, and notarization—YOU MUST SIGN BELOW

Each of the undersigned jointly and severally certifies the following:	
I have been appointed by a judge to be a guardian or conservator of	("Account Owner").
Under the terms of judicial appointment, I have the authority to make financial of the Account Owner, which includes maintaining an ABLE account, writing an	
I have provided a copy of the documents establishing my appointment.	
My appointment does not expire, has not been revoked and continues to be in	effect in every way.
I neither have nor will acquire any beneficial interest in the Account (as defined Owner's lifetime.	d in the Plan Disclosure Documents) during the Account
I will administer the Account for the benefit of the Account Owner and in account	rdance with my fiduciary duties.
Under the terms of my appointment, I have authority to act independently of a	ny other guardian or conservator of the Account Owner.
I AGREE TO INDEMNIFY AND HOLD HARMLESS EACH OF THE PLAN ADMINIS DOCUMENTS) FROM AND AGAINST ANY AND ALL CLAIMS, LOSSES, DAMA REASONABLE ATTORNEYS' FEES AND COSTS, THAT ANY OF THEM MAY INC I HAVE MADE ABOVE, OR BY REASON OF, OR IN CONNECTION WITH, ANY A OTHER GUARDIAN, CONSERVATOR OR AGENT OF THE ACCOUNT OW	GES, LIABILITIES, OR EXPENSES, INCLUDING CUR IN ANY WAY RELATED TO THE CERTIFICATIONS CT OR OMISSION COMMITTED BY ME OR ANY
AUTHORITY, INCLUDING BUT NOT LIMITED TO, WRITING CHECKS, DEPOSITII FUNDS, CONTRIBUTING TO THE ACCOUNT, TRANSACTING IN ANY WAY ON OR RECERTIFICATIONS, SELECTING AND/OR CHANGING INVESTMENT OPTIC CHANGES, AND ANY OTHER ACCOUNT CHANGES.	NG CHECKS, WITHDRAWING FUNDS, DEPOSITING THE ACCOUNT, ANY ELIGIBILITY CERTIFICATIONS
I will notify you immediately in writing at the following address if my situation longer true.	changes such that any of these certifications are no
SIGNATURE	
Signature of Co-Guardian A	Date (<i>mm/dd/yyyy</i>)
Your signature must be notarized.	Sate (illiniyad) / / / /
STATE OF)	
)ss.:	
COUNTY OF)	
This document was acknowledged before me on (date (name of Co-Guardian A), 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:	
	Notary to place seal here
	Applies to signature in Section 6 .

DO NOT STAPLE

${\bf Signature, indemnification, and notarization -- YOU~MUST~SIGN~BELOW~\it (continued)}$

SIGNATURE				
Signature of Co-Guardian B				Date (mm/dd/yyyy)
Your signature must be notarized.				
STATE OF)			
)ss.:			
COUNTY OF)			
This document was acknowledged before me on				
(name of Co-Guardian B), who certifies the correct	ctness of the signature of	of the C	Co-Guardian	В.
SIGNATURE				
Signature of Notary				Date (mm/dd/yyyy)
Name of Notary (first, middle initial, last)				
My commission expires:				
The commission expires.				Notary to place seal here
Data (mm (dd/sees)				
Date (mm/dd/yyyy)				
				Applies to signature in Section 6 .