

# RI's ABLE

## RI's ABLE 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](http://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**

 **ri.clientservice@savewithable.com**

Regular mailing address:  
**RI's ABLE**  
**P.O. Box 219603**  
**Kansas City, MO 64121**

Overnight mailing address:  
**RI's ABLE**  
**920 Main Street, Suite 900**  
**Kansas City, MO 64105**

### 1. 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



## **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

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City State Zip Code

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Telephone Number

### **Co-Guardian B**

□□□  
Name of Co-Guardian *(first, middle initial, last)*

□□□□ — □□ — □□□□□□  
Social Security number or other Tax ID number

□□□  
Mailing Address

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City State Zip Code

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Telephone Number

### 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](http://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		
<input type="checkbox"/>	<b>OR</b>	<input type="checkbox"/> <input type="checkbox"/> %	Aggressive <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
<input type="checkbox"/>	<b>OR</b>	<input type="checkbox"/> <input type="checkbox"/> %	Moderately Aggressive <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
<input type="checkbox"/>	<b>OR</b>	<input type="checkbox"/> <input type="checkbox"/> %	Growth <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
<input type="checkbox"/>	<b>OR</b>	<input type="checkbox"/> <input type="checkbox"/> %	Moderate <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
<input type="checkbox"/>	<b>OR</b>	<input type="checkbox"/> <input type="checkbox"/> %	Moderately Conservative <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
<input type="checkbox"/>	<b>OR</b>	<input type="checkbox"/> <input type="checkbox"/> %	Conservative <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
<input type="checkbox"/>	<b>OR</b>	<input type="checkbox"/> <input type="checkbox"/> %	Checking Option <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
			<b>1 0 0</b> %

### 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	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
Moderately Aggressive	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
Growth	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
Moderate	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
Moderately Conservative	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
Conservative	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
Checking Option	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
<b>1 0 0</b> %	

### 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 funded and you have the option to order checks 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.

