AR ABLE
Achieving a Better Life Experience

Arkansas ABLE

Power of Attorney-Authorized Individual

- Account Owners with Legal Capacity may designate any person or entity to act as an Authorized Individual at the time of enrollment or thereafter. To do so, the Account Owner must:
- Complete and submit an Enrollment Form if you are opening an Account, or if you've already opened an Account, complete and submit an Authorized Individual Change of Signatory Form;
- Complete this Power of Attorney – Authorized Individual Form designating the Authorized Individual as the Account Owner's agent with authority to establish and/or manage the ABLE Account; and
- Retain a copy of this form with your records. See the cover page of the Enrollment Form or the Authorized Individual Change of Signatory Form to determine whether a copy of this form is required to be submitted to Arkansas ABLE.
- This Power of Attorney - Authorized Individual Form must be signed by the Agent-Authorized Individual in **Section 2** and the Account Owner in **Section 3**. The Account Owner's signature must be notarized.
- Consult a legal advisor if there is anything about this form that you do not understand, including the authority you are granting to the Agent-Authorized Individual, as well as the obligations applicable to an Authorized Individual or an agent acting pursuant to this power of attorney under applicable law.

1.888.609.8874
7 a.m. to 4 p.m. CT M-F

FAX 1.617.559.8937

arkansasable.com

clientservice@arkansasable.com

Regular mailing address:
Arkansas ABLE
P.O. Box 219092
Kansas City, MO 64121

Overnight mailing address:
Arkansas ABLE
1001 E 101st Terrace, Suite 200
Kansas City, MO 64131

- Capitalized terms used in this form but not defined in this form have the meanings provided in the Plan Disclosure Booklet.
- Type or print clearly in **capital letters and black ink**. Mail the form to Arkansas ABLE. Do not staple.

Forms can be downloaded from our website at **arkansasable.com**, or you can call us to request any form — or request assistance in completing this form — at **1.888.609.8874** any business day from 7 a.m. to 4 p.m. CT M-F.

WARNING TO PERSON EXECUTING THIS DOCUMENT

THIS IS AN IMPORTANT LEGAL DOCUMENT THAT IS AUTHORIZED BY THE APPLICABLE LAWS OF THE STATE OF ARKANSAS. THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THE POWERS GRANTED BY THIS DOCUMENT ARE DEFINED BY THE LAWS APPLICABLE TO ARKANSAS ABLE.

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 DESCRIBED IN THE PLAN DISCLOSURE BOOKLET, WHICH INCLUDES WITHOUT LIMITATION POWERS TO MAKE INVESTMENT DECISIONS, CONTRIBUTIONS, WITHDRAWALS, NAME A SUCCESOR 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 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 ARKANSAS. IN THE EVENT OF A CONFLICT BETWEEN THIS POWER OF ATTORNEY AND ARKANSAS LAW, THE LAWS OF ARKANSAS SHALL CONTROL. YOU MAY HAVE OTHER RIGHTS OR POWERS UNDER THE APPLICABLE LAWS OF ARKANSAS NOT SPECIFIED IN THIS FORM.

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

Social Security Number or Taxpayer Identification Number

Account Number (if Account has already been established)

Account Owner's Legal First Name

Account Owner's Legal Last Name

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

City

State

Zip Code

Telephone Number

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

Agent-Authorized Individual's Legal First name or Entity name

Agent-Authorized Individual's Legal Last name

Social Security number or Tax ID number

Mailing Address

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.

I HAVE RECEIVED, READ, UNDERSTAND AND AGREE TO THE PLAN DISCLOSURE BOOKLET.

SIGNATURE

Signature of Agent-Authorized Individual

Date (mm/dd/yyyy)

3. Signature, appointment Agent-Authorized Individual, indemnification, and notarization — THIS FORM MUST BE SIGNED BY THE ACCOUNT OWNER AND NOTARIZED

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. ABSENT REVOCATION, THE AUTHORITY GRANTED IN THIS POWER OF ATTORNEY IS EFFECTIVE WHEN THIS POWER OF ATTORNEY IS SIGNED AND NOTARIZED AND CONTINUES IN EFFECT UNTIL YOUR DEATH, REVOKED BY YOU OR OTHERWISE TERMINATED.

I, the Account Owner listed in **Section 1**, appoint the Agent-Authorized Individual listed in **Section 2**, as my Agent to act for me as described in this form and in any lawful way that I may act with respect to the Arkansas 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 Arkansas ABLE Plan. The person or Entity listed in **Section 2** will serve as an Authorized Individual for my Arkansas ABLE Account as described in the Plan Disclosure Booklet.

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

IF YOU HAVE ANY QUESTIONS ABOUT THE POWER OF ATTORNEY OR AUTHORITY YOU ARE GRANTING TO YOUR AGENT-AUTHORIZED INDIVIDUAL, YOU SHOULD SEEK LEGAL ADVICE BEFORE SIGNING THIS FORM.

SIGNATURE

Signature of Account Owner

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Date (mm/dd/yyyy)

The Account Owner's signature must be notarized. We cannot accept a signature guarantee in place of a notary's seal.

STATE OF ________________________________)

)ss.:

COUNTY OF ______________________________)

This document was acknowledged before me on__________________ (date) by ____ (name of Account Owner), who certifies the correctness of the signature of the Account Owner.

SIGNATURE

Signature of Notary

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Date (mm/dd/yyyy)

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Name of Notary (first, middle initial, last)

My commission expires:

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Date (mm/dd/yyyy)

Notary to place seal here

Applies to signature in **Section 3**.

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