



IMPORTANT INFORMATION

To become an Authorized Individual on behalf of an Account Owner, the applicant must provide official documents confirming the Authorized Individual's relationship to the Account Owner, and the applicant's authority to manage the account per the required documentation list below. Typical documentation for each Authorized Individual type is listed in the table on the following page. In some cases, other documents might be required to establish the applicant's authority and relationship to the Account Owner.

Account Owners with Legal Capacity (as defined in the ABLEnow Program Description): A spouse, parent, sibling or grandparent of the Account Owner, or another person or Entity appointed pursuant to a valid power of attorney by an adult Account Owner with Legal Capacity to act as Authorized Individual on the Account, may use this form to add themselves as Authorized Individual to the Account.

ABLEnow considers the appointment of a Social Security Administration (SSA) representative payee as evidence that the Account Owner no longer has the Legal Capacity to manage the ABLEnow Account. If an SSA-appointed representative payee is being added as an Authorized Individual, either option 1 or option 3 in Section 2 must be chosen.

Unless you are the spouse, parent, sibling or grandparent of the Account Owner, a copy of the power of attorney should be submitted with this form. A Power of Attorney Form is available online at [ablenow.com](http://www.ablenow.com).

For an Account Owner who lacks Legal Capacity:

- The Authorized Individual who is being added to the Account or who is replacing another Authorized Individual must be the highest-ranking individual or Entity in the order of priority who is willing to and able to maintain the Account on behalf of the Account Owner. The order of priority for potential Authorized Individuals is as follows: agent under a power of attorney, conservator or legal guardian, spouse, parent, sibling, grandparent, and SSA-appointed representative payee.
- If an existing Authorized Individual has died or has lost capacity to manage the Account, the new Authorized Individual for an Account Owner must submit a copy of the death certificate or proof of incapacitation of the existing Authorized Individual along with the applicant's authority and relationship to the Account Owner (see typical documentation below).
- If the Authorized Individual is being added because the Account Owner has lost Legal Capacity, the Authorized Individual must provide a copy of a judicial decree of incapacity, Letters of Conservatorship or Guardianship issued by a court granting appropriate financial authority, or a durable power of attorney signed before the Account Owner lost Legal Capacity, or documentation from the Social Security Administration appointing the Authorized Individual as representative payee. Depending on individual circumstances, ABLEnow may require additional documentation to confirm the applicant's authority to manage the Account.
- Applicants should provide scans or copies of any required documents when submitting this form as outlined below (not original documents). Applicants should maintain originals or certified copies and be able to produce them for ABLEnow or the Internal Revenue Service upon request.
- For Entities: A completed and approved Entity Verification and Signatory Form must be on file with ABLEnow before the Entity submits an Authorized Individual Change of Signatory Form.

If you have any questions, please call ABLEnow at 1.844.669.2253 any business day, Monday – Friday, 8:30am – 5:00 pm ET.

Thank you,
ABLEnow

Authorized Individual Type:	Typical Documentation:
Power of Attorney	Power of Attorney signed by the Account Owner. The Power of Attorney must be notarized. A Power of Attorney form is available at www.ablenow.com
Conservator	Letters of Appointment issued by a court.
Legal Guardian	Letters of appointment issued by a court, granting appropriate financial authority.
SSA-appointed Representative Payee	Documentation issued by the Social Security Administration appointing Authorized Individual as representative payee.

ABLEnow®

Authorized Individual Change of Signatory Form

1. Be added as an Authorized Individual on an existing ABLEnow Account.
2. Replace an existing Authorized Individual on an existing ABLEnow Account.
 - Refer to the Cover page for information on who can serve as Authorized Individual.
 - 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.
 - For Entities being added as Authorized Individuals a completed Entity Certification Form or Entity Verification and Signatory Form must be on file with ABLEnow.
 - A spouse, parent, sibling or grandparent of the Account Owner, or another person or Entity appointed pursuant to a valid power of attorney by an adult Account Owner with Legal Capacity to act as Authorized Individual on the Account, may use this form to add themselves as Authorized Individual to the Account.
 - Unless you are the spouse, parent, sibling or grandparent of the Account Owner, a copy of the power of attorney should be submitted with this form. A Power of Attorney Form is available online at **abenow.com**.

Regular mailing address:
ABLEnow
PO Box 219273
Kansas City, MO 64121

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

Forms can be downloaded from **ablenow.com**. To request any form — or request assistance in completing this form — call **1.844.669.2253** any business day from 8:30 a.m. to 5:00 p.m. ET.

 **1.844.669.2253**
8:30 a.m. - 5:00 p.m. ET M-F

 **ablenow.com**

Regular mailing address:

ABLEnow
PO Box 219273
Kansas City, MO 64121

Overnight mailing address:

ABLEnow
1001 E 101st Terrace, Suite 200
Kansas City, MO 64131

1. Account Owner information

—

Account Number

[illegible]

Account Owner's Legal First Name

(M.I.)

[illegible]

Account Owner's Legal Last Name

--	--	--	--

□ □ □ □ Last 4 digits of Account Owner's Social Security Number

$$\boxed{}\boxed{}\boxed{} - \boxed{}\boxed{}\boxed{} - \boxed{}\boxed{}\boxed{}\boxed{}$$

Telephone Number

2. Add Authorized Individual on an Existing Account

To be completed by the person, or by an authorized representative of an Entity in the name of the Entity, that is being added as an Authorized Individual to an existing Account. Refer to the Cover page for information on who can serve as Authorized Individual.

- The Authorized Individual is the person or Entity that can transact on the Account on behalf of the Account Owner. The Authorized Individual may be any person or Entity selected by an Account Owner with Legal Capacity, or 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. See cover page of this form to determine if documentation is required.
- An Account can have more than one Authorized Individual; however, all Authorized Individuals must be at the same priority level on the list of possible Authorized Individuals.
- If 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 or conservator documents or powers of attorney, that requires 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 action in managing and transacting on the Account. ABLEnow may require the submission of a separate release form or other instrument or documentation when an Account has multiple Authorized Individuals.
- Only one Authorized Individual will be permitted to use the checking account, write checks, and use the debit card if the Checking Account option is selected. For Account Owners who lack Legal Capacity, the Authorized Individual that opened the Account or a previously named Authorized Individual will typically be the person authorized to write checks and use the debit card.
- The Authorized Individual being added should review ALL current Account information and settings to verify accuracy and update as needed. To update Account information after this form has been accepted by ABLEnow, complete and submit the **Account Information Change Form** and/or the **Account Financial Features Form**.

Reason for Adding Authorized Individual

Select only one option below. See cover page for any documentation required by ABLEnow.

1. ☐ Authorized Individual is replacing the existing Authorized Individual on the Account. (notarized signature required in **Section 5**)
2. ☐ Authorized Individual at same level in order of priority is being added as an additional Authorized Individual. (notarized signature required in **Section 5**)
3. ☐ Account Owner has lost Legal Capacity to manage the Account.
4. ☐ Account Owner with Legal Capacity has selected a spouse, parent, sibling or grandparent to serve as Authorized Individual, or has granted another person or Entity power of attorney to manage the Account as Authorized Individual. (This option is not available to SSA-appointed representative payees, conservators, or legal guardians).

For options #1 and #3 above, any existing Account login credentials and E-delivery settings, and any existing debit card on the Checking Account, will be disabled. **Statement delivery will revert to paper delivery which has a fee associated with it.** To establish new login credentials and set up E-delivery the new Authorized Individual should contact ABLEnow for assistance.

If the new Authorized Individual is a person, complete this section in its entirety.

New Authorized Individual's Legal First Name (M.I.)

New Authorized Individual's Legal Last Name/Entity Name

- -

Authorized Individual's Social Security Number (SSN) or Taxpayer Identification Number

□□ — □□ — □□□□
Birth Date (mm/dd/yyyy)

Citizenship (If other than U.S. citizen, please indicate country of citizenship).

— —

Telephone Number

Permanent Street Address (P.O. boxes are not acceptable).

City _____

-

State Zip Code

Mailing Address (This address will be used as the Account's address of record for all Account mailings).

City _____

 —

State Zip Code

I hereby certify under penalties of perjury that I am the Account Owner's: (Select only one which ranks highest on the list below in order of priority).

1. ☐ Power of Attorney 2. ☐ Conservator 3. ☐ Legal Guardian 4. ☐ Spouse
5. ☐ Parent 6. ☐ Sibling 7. ☐ Grandparent 8. ☐ SSA-appointed Representative Payee

By signing **Section 6** of this Authorized Individual Change of Signatory Form, the Authorized Individual is acknowledging the certifications below.

I hereby certify under penalties of perjury that I am adding myself or my organization/Entity as an Authorized Individual for an eligible minor or eligible adult who does not have Legal Capacity or as an Authorized Individual for an eligible adult who has Legal Capacity, as defined in the Program Description. I further certify under penalties of perjury that I am the above-selected Authorized Individual type and that any legal documentation provided by me is true and correct. (See the Cover Page (if present) and the Program Description to determine what documentation, if any, ABLEnow requires to confirm the Authorized Individual's relationship to the Account Owner and authority to manage the Account on behalf of the Account Owner). I further certify under penalties of perjury that no other individual or Entity that is willing and able to act as Authorized Individual ranks higher on the above list of possible Authorized Individuals and that I will notify ABLEnow if my authority expires or is removed. If I am adding myself as an Authorized Individual for an eligible adult who has Legal Capacity, I certify under penalties of perjury that I am the spouse, parent, sibling or grandparent selected by the Account Owner or another person or representative of the Entity granted power of attorney by the Account Owner to manage the Account. I acknowledge that I have received, read, understand, and agree to be bound by the terms, conditions and responsibilities stated in the Program Description as currently in effect. I agree to read and obtain understanding of any future Supplements to the Program Description issued during the time I am an Authorized Individual.

Note: To help the government prevent the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens or assumes signature authority over an Account.

☐ Check this box if the Authorized Individual does not have a driver's license, state-issued I.D., military I.D., or passport. By checking this box you acknowledge that the Authorized Individual will not be able to select the Checking Account for the Account. If the Checking Account is currently selected, funds will need to be moved to a new Investment Option by choosing a new option below or by using the **Investment Option Change Form**.

- -

Authorized Individual driver's license, state-issued I.D. military I.D., or passport number (7-15 digits)
 State
 Expiration Date (mm/dd/yyyy)

Please check one: ☐ Driver's license ☐ State-issued I.D. ☐ Military I.D. ☐ Passport

Passport country of issue

[illegible]

- Before choosing your Investment Option(s), please read the Program Description, available at **ablenow.com**, which contains important information about the Investment Options.
- Please select one or more Investment Options from the choices below and indicate how much you would like to allocate to each option.
- A valid, non expired I.D. must also be on file for an adult Account Owner if the Checking Account is selected.
- Please make sure to use whole percentages only and ensure that your total selection equals 100%.
- You do not have to select every option.
- If you choose only one Investment Option, please indicate 100% next to that option.
- **Important Note for Entities:** Entities may not select the Checking Account option unless they are opening the Account as agent under a power of attorney designated by an Account Owner with Legal Capacity.

Aggressive Growth				%
Moderate Growth				%
Conservative Income				%
FDIC Insured Savings Account				%
Checking Account (I.D. information required above)				%
	1	0	0	%

4. Email Address for Account Communications from ABLEnow

Only one email address can be associated with the Account. Providing an email address here does not establish E-Delivery.

To establish E-Delivery, visit ablenow.com after the Account is opened, and use the email address provided below. By establishing E-Delivery, the Annual Account Maintenance Fee will be reduced. If the Checking Account option is selected, electronic statement delivery of monthly checking account statements must be established separately at www.53.com after the checking account is open and the free debit card, if selected, or confirmation of deposit has been received.

Important note for Entities: Entities must provide a continuously monitored organizational email address that is not exclusively associated with a specific employee.

Provide the email address below:

□ □

Email Address

5. Signature of existing Authorized Individual

A notarized signature is required in this section as follows:

- When a new Authorized Individual is replacing existing Authorized Individual who is relinquishing signature authority.
- When additional Authorized Individual at the same level in the order of priority is being added to the Account.

No signature is required in this section if:

- The existing Authorized Individual has died or lost capacity. Refer to the cover page for documentation requirements.
- An Entity or existing Authorized Individual has previously relinquished signature authority on the Account. Refer to the cover page for documentation requirements.

Existing Authorized Individual's Legal First Name (M.I.)

Existing Authorized Individual's Legal Last Name

SIGNATURE
Signature of Existing Authorized Individual

□□ — □□ — □□□□
Date (mm/dd/yyyy)

The Existing Authorized Individual's signature must be notarized. We cannot accept a signature guarantee in place of a notary's seal.

STATE OF _____)

COUNTY OF _____)

This instrument was acknowledged before me on _____ (date) by _____
(name of Existing Authorized Individual), who certifies the correctness of the signature.

SIGNATURE

Signature of Notary

□□ – □□ – □□□□
Date (mm/dd/yyyy)

Name of Notary (First, Middle Initial, Last)

My commission expires:

□□ — □□ — □□□□
Date (mm/dd/yyyy)

Notary to place seal here

Applies to signature in **Section 3.**

6. Certifications and Signature of New Authorized Individual

I understand that by signing below, I hereby acknowledge that I have received, read, understand, and agree to the terms and conditions of the ABLEnow Program Description (which includes a Participation Agreement and the Fifth Third Terms and Conditions) as in effect on the date hereof which govern all aspects of this Account and are incorporated herein by reference. I will retain a copy of the Program Description for my records. Additionally, I agree to be bound by the terms and conditions of any Supplement or revision to the Program Description issued by ABLEnow during the time that I am an Authorized Individual. Capitalized terms that are used in this form, but not defined herein, have the meanings provided in the Program Description.

I acknowledge and agree that I am bound by the terms, rights, and responsibilities stated in the Program Description and this form and by any and all statutory, administrative, and operating procedures that govern ABLEnow. I understand that the Program Description, all subsequently added Supplements or revisions to the Program Description, Authorized Individual Change of Signatory Form and any subsequent forms signed by me constitute the entire agreement between me and ABLEnow.

I understand that with the exception of the Checking Account and FDIC Insured Savings Account, investments are not guaranteed or insured by the FDIC or any other government agency and are not deposits or other obligations of any depository institution. The Checking Account and FDIC Insured Savings Account are each insured by the FDIC up to \$250,000, subject to certain limitations. Contributions to and returns earned on Investment Options are not guaranteed or insured by Program Administrators and are subject to investment risks including the loss of the principal amount invested.

I understand that participation in ABLEnow does not guarantee that contributions and the investment return on contributions, if any, will be adequate to cover the Qualified Disability Expenses of the Account Owner.

I understand that there is no guarantee that ABLEnow will continue to meet the requirements of Section 529A of the Internal Revenue Code or that the Account will continue to be eligible to receive the benefit of Section 529A or the ABLE Act.

If the Account utilizes the Checking Account now or in the future, I hereby acknowledge that I have received, read, and that by signing below, agree to the Fifth Third Terms and Conditions.

By signing this Authorized Individual Change of Signatory Form, I am making the following certifications under penalties of perjury:

- I certify under penalties of perjury that all of the information I have provided on this Authorized Individual Change of Signatory Form is accurate and complete.
- I certify, under penalties of perjury, upon gaining access to the Account, I will review and confirm that the information previously provided regarding the Account Owner's disability, the Account Owner's status as an Eligible Individual, and the basis for the Account Owner's eligibility remains accurate and complete.
- I certify under penalties of perjury that I will promptly notify ABLEnow if changes in the Account Owner's condition would result in the Account Owner no longer qualifying as an Eligible Individual.
- I certify under penalties of perjury that I will notify ABLEnow if my authority to serve as the signatory on this Account expires or is removed.
- If the Account Owner is an employed Account Owner (including self-employed individuals) as described in the Program Description and intends to make compensation contributions such that the total annual contributions to the Account will exceed the Basic Annual Contribution Limit, I certify under penalties of perjury that (1) the Account Owner is employed, (2) the Account Owner has neither made nor received contributions to a 401(k) or other defined contribution plan (within the meaning of section 414(i) of the Code with respect to which the requirements of sections 401(a) or 403(a) of the Code are met), 403(b) plan, or 457(b) plan in the same calendar year as the compensation contributions, and (3) the Account Owner's contributions of compensation are not excess compensation contributions as described in the Program Description.
- If I am managing the Account as the Authorized Individual a) for an Account Owner who lacks the Legal Capacity to establish or manage an Account, or b) for an Account Owner with Legal Capacity and I am the spouse, parent, sibling or grandparent selected by the Account Owner, or I have been granted power of attorney, I certify under penalties of perjury that I am of legal age in my state of residence and that I have appropriate authorization to manage an ABLE account for the Account Owner, including the ability to transact, and maintain a financial account on behalf of the Account Owner.

- If I am managing the Account as the Authorized Individual for an adult who has granted me power of attorney, I certify under penalties of perjury that (1) the Account Owner was able and competent at the time the power of attorney was executed, (2) the power of attorney remains in full force and effect and has not been withdrawn, amended or removed, and (3) the Account Owner is still living.
- I certify under penalties of perjury that I neither know nor have reason to know that the Account Owner already has another existing ABLE account.

I agree to promptly inform ABLEnow in the event that any of the foregoing certifications become untrue. I understand and acknowledge that ABLEnow has the right to suspend or terminate the Account and return the balance of the Account (which withdrawal may result in a Non-Qualified Withdrawal) to the Account Owner, as applicable, if ABLEnow has reasonable grounds to believe that any of the foregoing certifications is untrue.

New Authorized Individual named in Section 2 (First, Middle Initial, Last)

SIGNATURE

Signature of New Authorized Individual

Date (mm/dd/yyyy)