DO NOT STAPLE

ABLEnow®

Dear Future ABLEnow Account Owner,

Thank you for your interest in ABLEnow! We're excited to be able to help you save for your current and future expenses. To open an ABLEnow Account, you will need your full name, address, date of birth, social security number, and, if you opt to fund your Account through a bank, your bank account information.

**Important:** When selecting an Authorized Individual type, ensure that your choice reflects the legal authority shown in any court documents being submitted. ABLEnow will review this documentation to confirm the appropriate hierarchy level, and completing this step accurately helps support timely access to your ABLEnow account.

| Authorized Individual Type: | Typical Documentation: |
|---|---|
| Power of Attorney | Power of Attorney signed by the Account Owner. The Power of Attorney must be notarized. |
| 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 |

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

ABLEnow®

ABLEnow
# Enrollment Form

**IMPORTANT INFORMATION ABOUT OPENING A NEW ACCOUNT.**

ABLEnow is required by federal law to obtain and record information, from each person or Entity who opens or assumes signature authority over an Account. Certain personal information — including name, street address, social security or tax identification number and date of birth, among other information — that will be used to verify their identity. All required information must be provided in order to verify identity and open the Account.

- You can open an Account online at ablenow.com.
- An individual may only have one ABLE account nationwide.
- The Account may only be opened for an Eligible Individual.
- The onset of an Eligible Individual's disability must have occurred before their 46th birthday.
- The ABLEnow Program Description contains important information about ABLEnow including, among other information, the objectives, risks, fees and restrictions associated with opening an Account and investing in ABLEnow.

**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**

- Capitalized terms used in this Enrollment Form, but not defined in this form, have the meanings provided in the ABLEnow Program Description.
- Accounts that are opened and not funded within 90 days will be closed.
- Before investing, check with your home state to determine if it offers tax or other benefits for investing in its plan.
- Type or print clearly, printing in capital letters and black ink. Please mail the form to ABLEnow. Do not staple.
- All sections of this form must be completed unless indicated otherwise.

Forms can be downloaded from our website at **ablenow.com**, or you can call Customer Service to request any form — or request assistance in completing this form — at **1.844.669.2253** any business day from 8:30 a.m. to 5 p.m. ET.

## 1. Account Type

Check one:

☐ I am opening the Account for myself. I am a person with a disability who has Legal Capacity.

☐ I am opening the Account as a person, or as a representative of an Entity, with authority to open the Account for an eligible minor.

☐ I am opening the Account as a person, or as a representative of an Entity, with authority to open the Account for an eligible adult who has legal capacity as defined in the Program Description. The Account Owner with Legal Capacity has selected me as spouse, parent, sibling or grandparent to serve as Authorized Individual, or has granted another person or representative of an Entity power of attorney to manage the Account. If you are not the Account Owner's spouse, parent, sibling, or grandparent, you must submit a copy of the Power of Attorney with this form. **The Power of Attorney form** is available online at ablenow.com.

☐ I am opening the Account as a person, or as a representative of an Entity, with authority to open the Account for an eligible adult who does not have Legal Capacity as defined in the Program Description.

## 2. Account Owner Information

The Account Owner is the Eligible Individual with the disability who owns the Account and whose Qualified Disability Expenses will be paid from the Account.

Account Owner's Legal First Name

Account Owner's Legal Last Name

Social Security Number or Individual Tax Identification Number

Birth Date (mm/dd/yyyy)

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

Direct Telephone Number

Phone Type: ☐ Landline ☐ Mobile

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

City

State

Zip Code (5 digits required)

Account Mailing Address if different from above (This address will be used as the Account's address of record for all Account mailings, unless an Authorized Individual's address is provided in **Section 3** for this purpose).

City

State

Zip Code (5 digits required)

**A. Please select the Account Owner's disability, the onset of which occurred prior to their 46th birthday:**
The following information is required by the federal government. Report only one primary code for the Account Owner. If more than one code applies, select the one that most significantly affects the Account Owner's daily life.

**Note:** Please DO NOT submit your written disability-related diagnosis or any protected health information (PHI). If we receive any PHI, we will destroy it using secure means. For any additional questions please contact ABLEnow at 1.844.669.2253.

- ☐ **Code 1** - Developmental Disorders: Autistic Spectrum Disorder, Asperger's Disorder, Developmental Delays and Learning Disabilities
- ☐ **Code 2** - Intellectual Disability: May be reported as mild, moderate, or severe intellectual disability
- ☐ **Code 3** - Psychiatric Disorders: Schizophrenia, Major depressive disorder, Post-traumatic stress disorder (PTSD), Anorexia nervosa, Attention deficit/hyperactivity disorder (AD/HD), Bipolar disorder
- ☐ **Code 4** - Nervous Disorders: Blindness, Deafness, Cerebral Palsy, Muscular Dystrophy, Spina Bifida, Juvenile-onset Huntington's disease, Multiple Sclerosis, Severe sensorineural hearing loss, Congenital cataracts
- ☐ **Code 5** - Congenital Anomalies: Chromosomal abnormalities, including Down Syndrome, Osteogenesis imperfecta, Xerodermatic pigmentosum, Spinal muscular atrophy, Fragile X syndrome, Edwards syndrome
- ☐ **Code 6** - Respiratory Disorders: Cystic Fibrosis
- ☐ **Code 7** - Any other disability not listed under Codes 1 – 6, including but not limited to Tetralogy of Fallot, Hypoplastic left heart syndrome, End-stage liver disease, Juvenile-onset rheumatoid arthritis, Sickle cell disease, Hemophilia

**B. Basis under which ABLE eligibility is asserted:** (Select only one)

To qualify for an ABLEnow Account, the Account Owner must meet certain eligibility requirements. This additional information will help determine the basis of their eligibility. For a full description of Account eligibility refer to the Program Description. Select whichever statement applies best:

- ☐ The Account Owner is receiving SSDI (Social Security Disability Insurance) based on blindness or a disability.
- ☐ The Account Owner is receiving SSI (Supplemental Security Income) based on blindness or a disability; or is entitled to receive SSI but has had that entitlement suspended solely due to excess income or resources.
- ☐ A doctor diagnosed the Account Owner with a physical or mental disability. The disability causes marked and severe functional limitations, and is expected to last for more than 12 months, or is a terminal condition. Retain a copy of the diagnosis that is signed by a physician who meets the criteria of Section 1861(r)(1) of the Social Security Act and includes the physician's name and address, as well as the date of the diagnosis. Please **DO NOT** submit a written disability-related diagnosis, only check this box and keep the diagnosis documentation for recordkeeping purposes. A **Physician Diagnosis Form** is available at **ablenow.com**.

  **Note**: For purposes of ABLE eligibility, marked and severe functional limitations means the standard of disability in the Social Security Act for children claiming SSI benefits, but without regard to age or whether the Account Owner engages in substantial gainful activity. Specifically, this is a level of severity that meets, medically equals, or functionally equals the severity of any listing in Appendix 1 of subpart P of 20 CFR part 404. See 20 CFR 416.906, 416.924 and 416.926a. Refer to the Program Description for a full description.

**Optional:** Select the age range that indicates the age of onset for the Account Owner's disability.

- ☐ Between birth and age 25 years old
- ☐ Between the ages of 26 and 45 years old

## 3. Authorized Individual

To be completed by the person, or by an authorized representative of an Entity in the name of the Entity, who is opening the Account as an Authorized Individual. Do not complete this section if you are opening the Account for yourself.

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.

- **For Entities:** Provide the name of the Entity in the First Name boxes. Provide the Entity's taxpayer identification number. Leave the date and citizenship boxes blank. Include the telephone number, street and mailing address of the Entity. Entities must submit a completed **Entity Identity Verification and Signatory Form** (if not already on file with ABLEnow).
- 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. An additional Authorized Individual can be added by completing the **Authorized Individual Change of Signatory Form** available online at **ablenow.com**.
- 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 conservatorship documents or powers of attorney, that require the Authorized Individuals 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.
- If applicable, there is additional important information in **Section 5** about use of the Checking Account for Accounts that have Authorized Individuals.

Authorized Individual's Legal First Name or Entity Name

Authorized Individual's Legal Last Name

___ – ___ – ____ Social Security Number or Individual Tax Identification Number

__ – __ – ____ Birth Date (mm/dd/yyyy)

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

___ – ___ – ____ Direct Telephone Number

Phone Type: ☐ Landline ☐ Mobile

☐ Check if permanent street address is the same as the Account Owner's permanent street address, otherwise complete the following:

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

City

State

_____ – ____ Zip Code (5 digits required)

**Account Mailing Address**

Complete this section for Accounts established by an Authorized Individual for a minor or for an adult without Legal Capacity. For these Accounts, the Authorized Individual will receive Account statements, transaction confirmations, tax forms and other Account-related correspondence.

This section should also be completed for Accounts where an Account Owner with Legal Capacity has designated an Authorized Individual. The Authorized Individual will receive duplicate Account statements and tax forms at the address designated below.

☐ Check if mailing address is the same as the permanent street address.

Account Mailing Address if different from above (The mailing address indicated here will be used as the Authorized Individual's address of record for all Account mailings).

City State Zip Code (5 digits required)

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

**Important:** I am submitting the legal documentation according to the selected Authorized Individual type below. Refer to the Cover Page for more information on acceptable Documentation.

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 8** of this Enrollment Form, the Authorized Individual is acknowledging the certifications below.

I hereby 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 for this form 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 hereby certify under penalties of perjury that if I am opening the Account for an eligible minor or an eligible adult who lacks Legal Capacity as defined in the Program Description, no other person or Entity that is willing and able to act as Authorized Individual ranks higher on the above list of possible Authorized Individuals.

I hereby certify under penalties of perjury that if I am being designated as an Authorized Individual by an eligible adult who has Legal Capacity, unless I am the spouse, parent, sibling or grandparent of the Eligible Individual, I am the person or representative of the Entity appointed by the Eligible Individual pursuant to a valid power of attorney to open and manage the Account on their behalf.

I further certify under penalties of perjury that I will notify ABLEnow if my authority expires or is removed.

## 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 the ABLEnow website 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/ABLE after the checking account is open and the debit card, if selected, or confirmation of deposit has been received.

**Important:** 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. Contribution Method

- The minimum initial contribution amount is $5.00 (five dollars). An Account may be opened without making an immediate contribution. However, a contribution must be made to the Account within 90 days of the date the Account is opened, or the Account will be closed.
- Contributions to the Investment Options will be held for 5-6 business days before becoming available for withdrawal and contributions to the Checking Account will be held for 6-7 business days before becoming available for withdrawal.

**Note:** The Account is subject to an Annual Contribution Limit. For more information read the Program Description, visit the ABLEnow website, or contact Customer Service.

**Initial Contribution source of funds** (Check all that apply):

**A.** ☐ **From a Bank** (Complete Banking instructions in **Section 6**)

**$**☐☐,☐☐☐.☐☐
Amount

**B.** ☐ **Check. Important:** All checks must be payable to ABLEnow.

**$**☐☐,☐☐☐.☐☐
Amount

**C.** ☐ **Direct Rollover or Indirect Rollover from another ABLE account to ABLEnow.** You must complete the **Incoming Direct Rollover Form** for a Direct Rollover from another ABLE plan, or complete the **Incoming Indirect Rollover Form** for Indirect Rollovers from another ABLE plan. The form should be completed and mailed together with this **Enrollment Form**. Each form is available online at **ablenow.com**, or by calling **1.844.669.2253**.

**D.** ☐ **Direct Rollover or Indirect Rollover from a Section 529 Education Savings Plan to ABLEnow.** You must complete the **Incoming Direct Rollover Form** for a Direct Rollover from a Section 529 Education Savings Plan, or complete the **Incoming Indirect Rollover Form** for an Indirect Rollover from a Section 529 Education Savings Plan. The form should be completed and mailed together with this **Enrollment Form**. Each form is available online at **ablenow.com**, or by calling **1.844.669.2253**.

**Recurring Contribution source of funds** (Check all that apply):

**A.** ☐ **Recurring contributions.** (Complete Banking instructions in **Section 6**) Check this box to set up the Account so contributions are automatically made on a regular basis from a bank, savings and loan, or credit union account. Money will be transferred into ABLEnow electronically based on the frequency indicated below. You may change the amount and/or frequency at any time by logging into the Account at **ablenow.com** or by calling Customer Service at **1.844.669.2253**. Account Owners, family members, and friends can all contribute to the ABLEnow Account through recurring contributions. To add additional recurring contribution instructions or multiple bank accounts, attach a separate page with the information requested in **Section 6** for each additional recurring contribution instruction or bank account.

**Important:** To set up this option, you must provide bank information in **Section 6**.

**Amount of Debit:** ☐ $50 ☐ $100 ☐ $250 ☐ Other **$**☐☐,☐☐☐.☐☐
Amount

**Frequency** (Check One)**:** ☐ Monthly ☐ Quarterly (Every three months)

**Start Date:*** ☐☐ — ☐☐ — ☐☐☐☐
Date (mm/dd/yyyy)

*ABLEnow must receive instructions at least 3 business days prior to the start date specified; otherwise, this recurring contribution will begin on the following monthly or quarterly period indicated. If the date is not specified, this recurring contribution will begin on the 15th day of the month following ABLEnow's receipt of the request.

**B.** ☐ **Payroll Direct Deposit.** If you want to make contributions to ABLEnow directly from a paycheck, first contact your employer's payroll office to verify that you can participate. After verifying, please complete and sign a **Payroll Direct Deposit Form** and submit to ABLEnow. ABLEnow will send you a **Payroll Direct Deposit Confirmation Form** to complete and submit to your employer's payroll office.

**C.** ☐ **Social Security Direct Deposit.** If you want to make contributions to ABLEnow directly from SSA, contact your SSA office to verify that you can participate. ABLEnow will send you a you **Social Security Direct Deposit Confirmation Form** to submit to SSA.

## 6. Bank Information.

To electronically transfer funds by recurring contributions or EFT, the financial institution must be a member of the Automated Clearing House (ACH). Money market mutual funds and cash management accounts offered through non-bank financial companies cannot be used.

**Important:** By adding this account, you are acknowledging that the bank or financial institution is located in the U.S. and/or adheres to U.S. banking regulations.

Bank Name

Bank Routing Number

Bank Account Number

Account Type: (Check One) ☐ Checking ☐ Savings

**Name(s) on Bank Account**

Name (First and Last) or Entity name

Name (First and Last)

If the bank account owner of the above account is not the same as the ABLEnow Account Owner or the Authorized Individual, the named bank account owner(s) must authorize the use of their bank account for a one time contribution and/or a recurring contribution by signing here:

SIGNATURE Blue or Black Ink
Signature of bank account owner

Date (mm/dd/yyyy)

SIGNATURE Blue or Black Ink
Signature of bank account owner

Date (mm/dd/yyyy)

## 7. Investment Option Selection

- Before choosing your Investment Option(s), read the Program Description, available at **ablenow.com**, which contains important information about the Investment Options.
- Select one or more Investment Options from the choices below and indicate how much you would like to allocate to each option.
- 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 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 below) | % |
| **Total** | **100 %** |

**Identity Verification required for the Checking Account**

**A. Account Owner's Identity Verification** (Required for all adult Account Owners)

Account Owner's driver's license, state-issued I.D. card, 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

Account Owner's mother's maiden name

**B. Authorized Individual's Identity Verification** (Required if an Authorized Individual is listed in **Section 3**)

Authorized Individual driver's license, state-issued I.D. card, 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

Authorized Individual's mother's maiden name

**Optional Checking Account features:**

☐ (Optional) Check this box to receive a debit card with the Checking Account. There is no fee assessed to receive the debit card associated with the Checking Account. **Note:** For Accounts established by the Account Owner and Accounts where an Account Owner with Legal Capacity has designated an Authorized Individual (either a spouse, parent, sibling or grandparent of the Account Owner, or another person or Entity appointed pursuant to a valid power of attorney), a debit card will be mailed to the Account Owner's mailing address within 10 calendar days after the Checking Account is funded. For Accounts established by an Authorized Individual for a minor or an adult without Legal Capacity, the debit card will be issued in the name of the Authorized Individual and mailed to the Authorized Individual's mailing address. Contributions into the Checking Account will be available for withdrawal after 6-7 business days.

- Fees associated with the Checking Account, including the debit card, are found in the Fifth Third Terms and Conditions.
- Separate statements for the Checking Account option will be provided by Fifth Third Bank. To update statement delivery preferences for the Checking Account, please log onto www.53.com/ABLE after the debit card (if selected) or confirmation of the deposit has been received.
- For Accounts managed by multiple Authorized Individuals for a minor or an adult without Legal Capacity, only one Authorized Individual will be permitted to access the Checking Account, and use the debit card if the Checking Account is selected. **Note:** that ABLEnow may require submission of a separate release form or other instruments or documentation when an Account has multiple Authorized Individuals.

## 8. Acknowledgements, Certifications & Signature

I understand that by signing below, I hereby acknowledge that I have received, read, understand, and agree to the terms and conditions of the Program Description 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 read, obtain an understanding of and 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 Account Owner or Authorized Individual. Capitalized terms that are used in this **Enrollment 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 **Enrollment 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, **Enrollment Form** and any subsequent forms signed by me constitute the entire agreement between me and ABLEnow. No person is authorized to make an oral modification to this agreement.

I understand that with the exception of the Checking Account and the 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 the 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 Code or that the Account will continue to be eligible to receive the benefit of Section 529A or the ABLE Act.

If I am selecting the Checking Account option, I hereby acknowledge that I have received, read, and that by signing below, agree to the Fifth Third Terms and Conditions.

If I have chosen the recurring contributions or EFT option, I authorize ABLEnow and its designees, upon receipt of this form or by telephone or online request, to pay amounts representing redemptions made by me or to secure payment of amounts invested by me, by initiating credit or debit entries to the account at the bank named on this **Enrollment Form**. I authorize the bank to accept any such credits or debits to the account without responsibility to their correctness. I acknowledge that the origination of ACH transactions involving the bank account named on this **Enrollment Form** must comply with U.S. law. I further agree that the Program Administrators or their authorized agents will not incur any loss, liability, cost, or expense for acting upon the receipt of this form or my telephone or online request. I understand that this authorization may be terminated by me at any time by notifying ABLEnow and the bank by telephone or in writing, and that the termination request will be effective as soon as ABLEnow and the bank have had a reasonable amount of time to act upon it. I certify that I have authority to transact on the bank account identified by me on this **Enrollment Form**.

**By signing this Enrollment 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 Enrollment Form is accurate and complete, including without limitation, the information regarding the Account Owner's disability, the Account Owner's status as an Eligible Individual, and the basis for the Account Owner's eligibility.
- 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:
  - A. the Account Owner is blind (within the meaning of section 1614(a)(2) of the Social Security Act); or
  - B. the Account Owner has a medically determinable physical or mental impairment that results in marked and severe functional limitations (as that phrase is defined in §1.529A-2(e)(2) of the Tax Regulations) and that either can be expected to result in death or has lasted or can be expected to last for a continuous period of not less than 12 months.

- I certify under penalties of perjury that the Account Owner's blindness or disability occurred before the Account Owner attained age 46.

- If, on this **Enrollment Form**, I selected that the basis for the Account Owner's eligibility is based on SSI or SSDI benefits, I certify, under penalties of perjury that the Account Owner: (1) is entitled to benefits under Title II or XVI of the Social Security Act based on blindness or disability; (2) has received a benefit verification letter from the Social Security Administration; and (3) agrees to retain and provide the letter (or a genuine copy of the letter or other evidence) to ABLEnow, the Program Administrator, the IRS, or the U.S. Treasury Department if requested.

- If on this **Enrollment Form**, I selected that the basis for the Account Owner's eligibility is a diagnosis by a physician, I certify, under penalties of perjury that I have obtained and will continue to retain a copy of the written diagnosis of the Account Owner's blindness or disability, signed by a physician meeting the criteria of 1861(r)(1) of the Social Security Act (42 U.S.C.1395x(r)), which includes the name and address of the diagnosing physician and the date of the diagnosis, and I will retain a copy for my records. A **Physician's Diagnosis Form** is available at www.ablenow.com.

- I certify under penalties of perjury that the applicable diagnostic code (i.e., Codes 1-7), requested on this **Enrollment Form**, which identifies the type of the individual's impairment has been provided and is accurate.

- I certify under penalties of perjury that: (1) I am establishing the Account for myself as the Eligible Individual, or I am the person, or representative of the Entity, selected by the Eligible Individual to establish the Account on their behalf, or if the Eligible Individual is unable to establish the Account, I have, or the Entity that I represent has, the authority to establish the Account as the Eligible Individual's agent under a power of attorney, or if none, conservator or legal guardian, spouse, parent, sibling, grandparent, or representative payee appointed for the Eligible Individual by the Social Security Administration, in that order of priority; and (2) no other person or Entity that is willing and able to establish this Account ranks higher than I do or the Entity that I represent does on the list described in (1).

- 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 Annual Contribution Limit and Expanded 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, a 403(b) plan annuity plan, or a 457(b) deferred compensation 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 establishing the Account for myself, I certify under penalties of perjury that I am of legal age in my state of residence and have the Legal Capacity to establish or manage an Account.

- If I am establishing the Account for an eligible minor, I certify under penalties of perjury that I am of legal age in my state of residence and that I am either the parent of the Account Owner or a person with appropriate authorization to manage an ABLE account for the Account Owner, including the ability to open, transact, and maintain an Account on behalf of the Account Owner.

- If I am opening the Account as the Authorized Individual for an adult who a) lacks the Legal Capacity to establish or manage an Account, or b) has Legal Capacity to establish or manage an Account 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 open, transact, and maintain a financial account on behalf of the Account Owner.

- If I am opening 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 an existing ABLE account, other than an ABLE account that will terminate via an Indirect Rollover or a Direct Rollover of its assets into this Account. If I am establishing this Account through an Indirect Rollover or a Direct Rollover from the Account Owner's account in another ABLE program, for Indirect Rollovers, I agree to close the other account no later than the 60th day after the entire account balance was distributed from the other ABLE account and for Direct Rollovers, I agree to close the other account upon completion of the Direct Rollover. I acknowledge that failure to do so will result in this Account not being treated as an ABLE account. The consequences of an account not being treated as an ABLE account include loss of favorable tax treatment and possible loss of eligibility for resource-based benefits such as SSI and Medicaid.

- If I am transferring assets from another ABLE program by Indirect Rollover, I certify under penalties of perjury that there has not been an Indirect Rollover for the benefit of the Account Owner during the prior 12-month period.

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 be a Non-Qualified Withdrawal and may result in tax liability or affect the Account Owner's means-tested benefits) to the Account Owner, as applicable, if ABLEnow has reasonable grounds to believe that any of the foregoing certifications are untrue.

Account Owner Name OR Authorized Individual named in **Section 3** (First, Middle Initial, Last) or Entity name

SIGNATURE Blue or Black Ink

Signature of Account Owner OR Authorized Individual, or Entity signatory

Date (mm/dd/yyyy)

[PAGE LEFT BLANK INTENTIONALLY]