




ABLEnow

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 ABLEnow 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 ABLEnow.
- 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.
- Capitalized terms used in this form but not defined in this form have the meanings provided in the Program Description.
- Type or print clearly in **capital letters and black ink**. Mail the form to ABLEnow. Do not staple.

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

WARNING TO PERSON EXECUTING THIS DOCUMENT

THIS IS AN IMPORTANT LEGAL DOCUMENT THAT IS AUTHORIZED BY THE APPLICABLE LAWS OF THE COMMONWEALTH OF VIRGINIA. THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THE POWERS GRANTED BY THIS DOCUMENT ARE DEFINED BY THE LAWS APPLICABLE TO ABLENOW.

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 ABLENOW, AS DESCRIBED IN THE PROGRAM DESCRIPTION, WHICH INCLUDES WITHOUT LIMITATION POWERS TO MAKE INVESTMENT DECISIONS, CONTRIBUTIONS, WITHDRAWALS, NAME A SUCCESSOR ACCOUNT OWNER AND TAKE OTHER ACTION IN CONNECTION WITH ABLENOW AND THE ACCOUNT 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 ABLENOW AT THE ADDRESS SET FORTH ABOVE.

THIS POWER OF ATTORNEY IS INTENDED TO COMPLY WITH THE APPLICABLE LAWS OF VIRGINIA. IN THE EVENT OF A CONFLICT BETWEEN THIS POWER OF ATTORNEY AND VIRGINIA LAW, THE LAWS OF VIRGINIA SHALL CONTROL. YOU MAY HAVE OTHER RIGHTS OR POWERS UNDER THE APPLICABLE LAWS OF VIRGINIA NOT SPECIFIED IN THIS FORM.

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