




ABLEnow

Account Owner Removes Authorized Individual Form

If you are an Account Owner with Legal Capacity, including Account Owners who have reached age of majority and have Legal Capacity, complete this form to remove all existing Authorized Individual(s) from your Account and become the sole signatory on your Account.

- By completing this form, the mailing address for the Account will be changed to the Account Owner's mailing address listed in **Section 1** below.
- If E-delivery was established on the Account, ABLEnow will revert the Account back to paper delivery. In order to re-establish E-Delivery on the Account, the Account Owner must go online to register the email address provided below.
- If, after removing the current Authorized Individual(s), an Account Owner with Legal Capacity wishes to designate any person or Entity to act as Authorized Individual they must have the new Authorized Individual submit a completed **Authorized Individual Change of Signatory Form**. Forms can be downloaded from **www.ablenow.com**.
- Review the ABLEnow Program Description prior to completing this form for important information about ABLEnow.
- Capitalized terms used in this form, but not defined in this form, have the meanings provided in the Program Description.
- Type or print clearly, printing in capital letters and black ink. Please mail the form to ABLEnow. Do not staple.

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. - 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

By signing this Removal of an Authorized Individual by an Account Owner 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 form is 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:
 - 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 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 Administrators, the IRS, or the U.S. Treasury Department if requested.
- If 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.
- I certify under penalties of perjury that the applicable diagnostic code [i.e., Codes 1-7] provided on the Enrollment Form identifying the type of the individual's impairment has been provided and is accurate.
- 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.
- 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.
- 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.

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 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.

Signature of Account Owner

By signing below, I authorize the changes described on this form, and I agree that the changes on this form and my participation in the ABLEnow are subject to the Program Description, as amended from time to time.

SIGNATURE

Signature of Account Owner

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Date (mm/dd/yyyy)