



PA ABLE

# Agent Authorization/Power of Attorney

- Complete this form to designate someone as your Agent with authority to act on your ABLE Account.
- You may only designate **one level of authorization** in **Section 4** for the Account listed on this form.
- This **Agent Authorization/Power of Attorney Form** must be signed by the Account Owner and notarized in **Section 1** and **Section 5**.
- This **Agent Authorization/Power of Attorney Form** must also be signed by the Agent in **Section 3**.
- If there is anything about this form that you do not understand, you should seek legal advice.
- Type in your information and print out the completed form, or print clearly, preferably in capital letters and black ink. Mail the form to the address listed. Do not staple.

Forms can be downloaded from our website at [www.PAABLE.gov](http://www.PAABLE.gov), or you can call us to order any form—or request assistance in completing this form—at **1.855.529.ABLE (2253)** any business day from 8 a.m. to 5 p.m. ET.

 **1.855.529.ABLE (2253)**  
8 a.m. to 5 p.m. ET M-F

 [www.PAABLE.gov](http://www.PAABLE.gov)

 [info@PAABLE.gov](mailto:info@PAABLE.gov)

Regular mailing address:  
**PA ABLE**  
**P.O. Box 219414**  
**Kansas City, MO 64121**

Overnight mailing address:  
**PA ABLE**  
**920 Main Street, Suite 900**  
**Kansas City, MO 64105**

## 1. NOTICE

THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. THIS POWER OF ATTORNEY DOES NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS, BUT, WHEN POWERS ARE EXERCISED, YOUR AGENT MUST USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS POWER OF ATTORNEY. YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME INCAPACITATED, UNLESS YOU EXPRESSLY LIMIT THE DURATION OF THESE POWERS OR YOU REVOKE THESE POWERS OR A COURT ACTING ON YOUR BEHALF TERMINATES YOUR AGENT'S AUTHORITY. YOUR AGENT MUST ACT IN ACCORDANCE WITH YOUR REASONABLE EXPECTATIONS TO THE EXTENT ACTUALLY KNOWN BY YOUR AGENT AND, OTHERWISE, IN YOUR BEST INTEREST, ACT IN GOOD FAITH AND ACT ONLY WITHIN THE SCOPE OF AUTHORITY GRANTED BY YOU IN THE POWER OF ATTORNEY. THE LAW PERMITS YOU, IF YOU CHOOSE, TO GRANT BROAD AUTHORITY TO AN AGENT UNDER POWER OF ATTORNEY, INCLUDING THE ABILITY TO GIVE AWAY ALL OF YOUR PROPERTY WHILE YOU ARE ALIVE OR TO SUBSTANTIALLY CHANGE HOW YOUR PROPERTY IS DISTRIBUTED AT YOUR DEATH. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD SEEK THE ADVICE OF AN ATTORNEY AT LAW TO MAKE SURE YOU UNDERSTAND IT. A COURT CAN TAKE AWAY THE POWERS OF YOUR AGENT IF IT FINDS YOUR AGENT IS NOT ACTING PROPERLY. THE POWERS AND DUTIES OF AN AGENT UNDER A POWER OF ATTORNEY ARE EXPLAINED MORE FULLY IN 20 PA.C.S. CH. 56. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER OF YOUR OWN CHOOSING TO EXPLAIN IT TO YOU.

### ACCOUNT OWNER SIGNATURE – YOU MUST SIGN BELOW:

I HAVE READ OR HAD EXPLAINED TO ME THIS NOTICE AND I UNDERSTAND ITS CONTENTS.

SIGNATURE

Signature

□□ – □□ – □□□□

Date (mm/dd/yyyy)





**4. Authorization level** *(Please select only one of the four levels of authorization below.)*

I, the Account Owner listed in **Section 2**, appoint the Agent listed in **Section 3**, as my Agent *(please initial the appropriate level of access that applies to the Account listed in **Section 2**)*.

**LIMITED POWER OF ATTORNEY**  
Initial

**Level 1—Account Inquiry Access.** To obtain information about my Account, and receive duplicate Account statements from PA ABLE.\*

  
Initial

**Level 2—Account Inquiry Access, Contributions, and Exchanges.** To obtain information about my Account, and receive duplicate Account statements from PA ABLE. To contribute money to the Account and to move money among Investment Options within the Account.\*

  
Initial

**Level 3—Account Inquiry Access, Contributions, Exchanges, and Disbursements.** To obtain information about my Account, and receive duplicate Account statements from PA ABLE. To contribute money to the Account and to move money among Investment Options within the Account. To make qualified distributions, now or in the future, from the Account.\*

\* The authority in Level 1, 2, or 3 Access is limited to the level of authority specified above. Unless I select Level 4 below, my Agent shall have no authority to take any other action, including, but not limited to:

- Changing the address of record on my Account
- Adding, deleting, or changing any banking information with respect to my Account

**FULL POWER OF ATTORNEY**  
Initial

**Level 4—Account Inquiry Access, Contributions, Exchanges, Disbursements, Banking Information Changes, and Address Changes.** To obtain information about my Account, and receive duplicate Account statements from PA ABLE. To contribute money to the Account and to move money among Investment Options within the Account. To make qualified distributions, now or in the future, from the Account. To add, delete or change banking information with respect to the Account. To change the address of record on the Account.

