





PA ABLE


Power of Attorney - Authorized Individual

- Complete this form to designate someone as an Authorized Individual with authority to act as your Agent on your ABLE Account.
- This **Power of Attorney - Authorized Individual Form** must be signed by the Account Owner in **Section 4** and your signature must be notarized.
- This **Power of Attorney - Authorized Individual Form** must also be signed by the Authorized Individual 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**, 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**

 **info@PAABLE.gov**

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

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

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)

2. Account Owner information (All information in this section is required.)

– –
Social Security Number or Taxpayer Identification Number

Account Number

Name of Account Owner (*first, middle initial, last*)

Permanent Street Address (*A P.O. box or rural route number is not acceptable.*)

City

–
State Zip Code

– –
Telephone Number

3. Authorized Individual information (All information in this section is required.)

Name of Authorized Individual (*first, middle initial, last*)

– –
Social Security number or other Tax ID number

Mailing Address

City

–
State Zip Code

– –
Telephone Number

I, THE ABOVE NAMED AGENT, HAVE READ THE ATTACHED POWER OF ATTORNEY AND AM THE PERSON IDENTIFIED AS THE AGENT FOR THE PRINCIPAL. I HEREBY ACKNOWLEDGE THAT WHEN I ACT AS AGENT:

I SHALL ACT IN ACCORDANCE WITH THE PRINCIPAL'S REASONABLE EXPECTATIONS TO THE EXTENT ACTUALLY KNOWN BY ME AND, OTHERWISE, IN THE PRINCIPAL'S BEST INTEREST, ACT IN GOOD FAITH AND ACT ONLY WITHIN THE SCOPE OF AUTHORITY GRANTED TO ME BY THE PRINCIPAL IN THE POWER OF ATTORNEY.

BY SIGNING, ACCEPTING, OR ACTING UNDER THIS APPOINTMENT, I ASSUME THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT. I ACKNOWLEDGE THAT, AS AGENT, I ACT EXCLUSIVELY FOR THE BENEFIT OF THE ACCOUNT OWNER AND NEITHER HAVE NOR WILL ACQUIRE ANY BENEFICIAL INTEREST IN THE ABLE ACCOUNT DURING THE LIFETIME OF THE ACCOUNT OWNER. I FURTHER ACKNOWLEDGE THAT I OWE A DUTY OF LOYALTY TO AND PROTECTION OF THE BEST INTERESTS OF THE ACCOUNT OWNER, A DUTY TO AVOID CONFLICTS OF INTEREST AND TO USE ORDINARY SKILL AND PRUDENCE IN THE EXERCISE OF THESE DUTIES. I AGREE TO DIRECT ANY BENEFITS DERIVED FROM THIS POWER OF ATTORNEY TO THE ACCOUNT OWNER.

SIGNATURE
Signature of Authorized Individual

– –
Date (*mm/dd/yyyy*)

4. Signature, appointment of Authorized Individual, indemnification, and notarization — YOU MUST SIGN BELOW

UNLESS YOU DIRECT OTHERWISE, THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED OR TERMINATED AS SPECIFIED BELOW. THIS POWER OF ATTORNEY WILL CONTINUE TO BE EFFECTIVE EVEN IF YOU BECOME INCAPACITATED OR INCOMPETENT. THIS POWER OF ATTORNEY MAY BE REVOKED BY YOU AT ANY TIME. ABSENT REVOCATION, THE AUTHORITY GRANTED IN THIS POWER OF ATTORNEY IS EFFECTIVE WHEN THIS POWER OF ATTORNEY IS SIGNED AND CONTINUES IN EFFECT UNTIL YOUR DEATH.

I, the Account Owner listed in Section 2, appoint the Authorized Individual listed in Section 3, as my Agent to act for me in any lawful way that I may act with respect to the PA ABLE Account identified in Section 2, or in any identically registered account opened after this document has been signed in accordance with procedures established by the PA ABLE.

I agree that any third party who receives a copy of this document may act under it with respect to the PA ABLE Account identified in Section 2. Revocation or termination of the Power of Attorney due to my death, court determination or any other reason is not effective as to a third party until the third party receives written notice of the revocation or termination and the third party has had a reasonable amount of time to act on such notice. I, for myself and for my heirs, executors, legal representatives and assigns, agree to indemnify and hold harmless the Plan Administrators, as defined in the Plan Disclosure Booklet, and any of their respective authorized agents, and employees, and any third party acting hereunder (any of such persons, individually, a "third party") in connection with PA ABLE, from and against any and all claims that may arise or do arise against such third party by reason of any action or inaction by such third party having relied on the provisions of this Power of Attorney, including any claims that arise from acting on instructions believed by any of them to have originated from my Agent, and to pay such third party promptly on demand, for any and all losses arising out of any act by my Agent under this Power of Attorney.

IF YOU HAVE ANY QUESTIONS ABOUT THE POWER OF ATTORNEY OR AUTHORITY YOU ARE GRANTING TO YOUR AUTHORIZED INDIVIDUAL, YOU SHOULD SEEK LEGAL ADVICE BEFORE SIGNING THIS FORM.

SIGNATURE

Signature of Account Owner

— — —

Date (mm/dd/yyyy)

The Account Owner's signature must be notarized. We cannot accept a signature guarantee in place of a notary's seal.

STATE OF _____)

)ss.:

COUNTY OF _____)

This document was acknowledged before me on _____ (date) by _____ (name of Account Owner), who certifies the correctness of the signature of the Account Owner.

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 4.

