



WHEREAS, the Organization is determined to grant signing authority to certain person(s) described hereunder.

RESOLVED, that the undersigned individual is authorized and approved to empower the following individual to make, execute, endorse, and deliver in the name of and on behalf of the Organization, any and all online, written and verbal instructions in connection with ABLE Accounts administered by the Organization. Accordingly, the Organization holds harmless the ABLE plan - and all agents acting on behalf of plan – for acting on instructions from the following individuals.

Organization Name

Authorized Individual Name / Controlling Officer (First and last)

Position/Title

____ - ____ - ____ - ____ - ____
Telephone Number

Email Address

I, as authorized by the above Organization, hereby certify and attest that all the information above is true and correct.

Signature of Authorized Individual / Controlling Officer

___ / ___ / ____ - ____ - ____
Date (mm/dd/yyyy)



1 Individuals Authorized To Act On Behalf Of The Organization

A Primary Agent Name

Primary Agent Name (First and last)

Email Address

____ - ____ - ____ - ____ - ____ - ____
Telephone Number

B Secondary Agent Name #1

Secondary Agent Name (First and last)

Email Address

____ - ____ - ____ - ____ - ____ - ____
Telephone Number

C Secondary Agent Name #2

Secondary Agent Name (First and last)

Email Address

____ - ____ - ____ - ____ - ____ - ____
Telephone Number

Primary Agents will have the ability to access accounts, provide instructions and open new accounts online. Secondary Agents will be limited to verbal instructions.