



LIMITED POWER OF ATTORNEY AUTHORIZATION

Instructions

- Print clearly, in all capital letters, using blue or black ink. When requested, please color in circles completely.
- Use this form to designate an individual, or entity, including, but not limited to, a registered investment advisor, broker/dealer, investment professional, or any other legal representative (“Agent”) to act as your agent with limited authority to act on your behalf relative to your Achieving a Better Life Experience (“ABLE”) account. The powers granted are subject to Tennessee Law. Through this Limited Power of Attorney Authorization, an Agent may obtain information about and transact business within your ABLE Account as identified in Section 1. Based on the level of authorization selected, the Agent’s ability to transact within your ABLE account shall include, but not be limited to, making investment decisions, contributions and withdrawals without advance notice to you or approval by you. You may revoke this Limited Power of Attorney Authorization in the future by submitting documentation to Tennessee’s ABLE Program (“ABLE TN”) revoking this Limited Power of Attorney Authorization and notifying the agent in writing. This Limited Power of Attorney Authorization shall continue in effect until it is revoked in writing by the Designated Beneficiary; the Designated Beneficiary dies; the Designated Beneficiary submits a new Limited Power of Attorney Authorization; the ABLE Account is closed; or a Court terminates the Limited Power of Attorney Authorization. The State of Tennessee (including its employees); the Tennessee Treasury Department (including its employees); the Tennessee State Treasurer; the Trustees for ABLE TN cannot and do not provide legal, financial, or tax advice. Please consult your attorney or other legal, financial or tax adviser with any questions regarding this form.
- If you have any questions, please e-mail us at ABLE.TN@tn.gov, or call us at 615-253-1833 or toll-free at 1-855-922-5386. ABLE TN representatives are available to assist you Monday through Friday, 8:00 a.m. to 4:30 p.m. (Central Time).
- Submit this form, with any required documentation, by e-mail, fax, or postal mail to the appropriate address or phone number provided above.

1. Designated Beneficiary Information

Name of Designated Beneficiary: _____

Social Security Number: _____ Date of Birth: _____

Account Number: _____

Permanent Street Address: _____

Mailing Address (if different): _____

City, State, and Zip Code: _____

Telephone Number: _____ Alternate Telephone Number: _____

2. Agent Information

Name of Agent: _____

Relation to Designated Beneficiary: _____
(Investment Professional or Legal Representative)

Date of Birth: _____

Social Security Number or Tax Identification Number: _____

Name of Firm or Entity (if applicable): _____

Mailing Address: _____

City, State, and Zip Code: _____

Telephone Number: _____ Alternate Telephone Number: _____

To the extent that I undertake to act under this power of attorney, I assume fiduciary and other legal responsibilities of an Agent. I acknowledge that, as an Agent, I will neither have, nor acquire, any beneficial interest in the Designated Beneficiary's account during the Designated Beneficiary's lifetime, and I will administer the account for the benefit of the Designated Beneficiary. I further acknowledge that I owe a duty of loyalty to and protection of the best interests of the Designated Beneficiary, a duty to avoid conflicts of interest, a duty to use ordinary skill and prudence in the exercise of these duties, and a duty to adequately inform the Designated Beneficiary of actions taken in the exercise of this power of attorney. I agree to direct any benefits derived from this Limited Power of Attorney Authorization to the Designated Beneficiary.

Signature: _____ Date: _____

3. Authorization Description

I, the Designated Beneficiary listed in Section 1, appoint the Agent listed in Section 2 as my Agent. I authorize the Agent to have the following authority or authorities:

- Account Inquiry Access
- Account Inquiry Access, Contributions, Investment Changes
- Account Inquiry Access, Contributions, Investment Changes, Withdrawals
- Full Authorization to Perform All Activities, including Account Inquiry Access, Contributions, Investment Changes, Withdrawals, Edit Designated Beneficiary Information, Account Maintenance, Change Access Levels for other Powers of Attorney

Effective Date: _____

4. Revocation

This Limited Power of Attorney Authorization is effective immediately and will continue in effect until it is revoked or terminated by any of the following actions:

- The designated beneficiary executes a new Limited Power of Attorney Authorization form for the account selected in Section 1 of this form and submits the new authorization to ABLE TN;
- The designated beneficiary revokes the Limited Power of Attorney Authorization in writing and submits the revocation to ABLE TN;
- The designated beneficiary dies;
- The ABLE account, for which this Limited Power of Attorney Authorization is applicable, is closed; or
- A court determination

I agree that any third party who receives this document may act under it. Revocation or termination of this Limited Power of Attorney due to my death, court determination, or any other reason pursuant to applicable laws and rules, 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 State of Tennessee; the Tennessee Treasury Department; the Tennessee State Treasurer; the ABLE TN; the ABLE TN Trustees, and any of their respective affiliates, agents, and employees, and any third party acting hereunder in connection with ABLE TN, for any claims that arise against the third party because of reliance on this Limited Power of Attorney Authorization.

IF YOU HAVE ANY QUESTIONS ABOUT THIS FORM, CONSULT AN ATTORNEY OR OTHER LEGAL, FINANCIAL OR TAX ADVISER BEFORE SIGNING.

5. Signature

Signature: _____

Printed Name: _____

Date: _____