



AUTHORIZED ENTITY SIGNATORY FORM

INSTRUCTIONS:

- This Authorized Entity Signatory Form (“Form”) allows a company or other organization (“Entity”), which intends to serve as the Authorized Individual for one or more Eligible Individuals, to designate a representative or representatives to act on behalf of the Entity with respect to PA ABLE Accounts (“Signatories”).
- This Form must be completed, signed, and notarized by a duly elected or appointed officer, the Executive Director of the Entity, or a representative of the Entity with comparable duties and authority to the Executive Director (“Authorized Representative.”) The Authorized Representative must have the authority to make binding commitments on behalf of the Entity.
- The Entity’s Authorized Representative must designate no fewer than two Signatories to act on behalf of the Entity for the purposes of opening and managing PA ABLE Accounts for Eligible Individuals served by the Entity.
- A completed and signed Form must be submitted by mail or overnight carrier to PA ABLE to the applicable address below prior to opening any Accounts; the Form will be held on file in a secure manner by PA ABLE. If you have any questions completing the Form, please contact PA ABLE at 855-529-2253.

Regular Mailing Address:

PA ABLE Savings Program
P.O. Box 219414
Kansas City, MO 64121

Overnight Mailing Address:

PA ABLE
1001 E 101st Terrace, Suite 200
Kansas City, MO 64131

- To add additional Signatories, please attach a separate, typewritten page with individual names, titles, and direct phone numbers.
- The Entity is responsible for immediately submitting a new Signatory Form to the applicable address above each time any information on the Form changes or needs to be updated.
- The email address provided must be a continually monitored organizational email address to which all Signatories must have access.

REQUIRED INFORMATION:

Entity Name	
Entity Mailing Address	
Entity Email Address	
Entity Tax ID	
Authorized Officer or Representative Direct Phone Number	
Direct Phone Number	
Signatories	
Signatory Name Title Direct phone number	
Signature	
Signatory Name Title Direct phone number	
Signature	
Signatory Name Title Direct phone number	
Signature	
Signatory Name Title Direct phone number	
Signature	

ADDITIONAL REQUIRED INFORMATION:

An entity seeking to serve as an Authorized Individual for a PA ABLE Account must provide the name and identifying information for one Control Person. A Control Person is an individual with significant responsibility to control, manage, or direct the legal entity. A Control Person may be the: Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer, or any other individual who regularly performs similar functions.

Control Person Name/Title	
Control Person Residential Address	
Control Person Date of Birth	
Control Person Social Security Number	

ADDITIONAL INFORMATION THAT MAY BE REQUIRED:

COMPLETE THIS SECTION IF YOU ARE NOT A NONPROFIT ENTITY THAT HAS FILED ORGANIZATIONAL DOCUMENTS WITH THE APPROPRIATE GOVERNMENTAL AUTHORITY.

Entities are required to identify any individual who directly or indirectly, through any contract, arrangement, understanding, relationship, or otherwise, owns 25% or more of the equity interests of the legal entity ("Beneficial Owner"). If additional space is needed to identify Beneficial Owners, please attach a separate, typewritten page with names, titles, residential addresses, dates of birth, and Social Security Numbers for all Beneficial Owners.

Beneficial Owner #1 Name/Title	
Beneficial Owner #1 Residential Address	
Beneficial Owner #1 Date of Birth	
Beneficial Owner #1 Social Security Number	

Beneficial Owner #2 Name/Title	
Beneficial Owner #2 Residential Address	
Beneficial Owner #2 Date of Birth	
Beneficial Owner #2 Social Security Number	

AUTHORIZED OFFICER OR REPRESENTATIVE CERTIFICATIONS:

I, _____, (full name) certify that I am the Authorized Officer or Representative of _____ (the Entity), and I am duly authorized to act on its behalf. As such, I certify the truth and accuracy of the following:

1. I have the authority to execute this Form on behalf of the Entity and have the authority to bind the Entity.
2. I have familiarity with the business and affairs of the Entity so as to be able to knowledgably make the statements set forth in this Form.
3. The Entity is in good standing with the Commonwealth of Pennsylvania.
4. I understand that PA ABLE will, in part, rely on the statements set forth on this Form in determining whether the Entity will be permitted to open PA ABLE Accounts on behalf of Eligible Individuals.
5. The Authorized Entity Signatories on this Form each have the authority to act on behalf of the Entity and to bind the Entity with respect to any PA ABLE Account established or maintained by the Entity for an Eligible Individual. PA ABLE, the Pennsylvania Treasury Department, and the Program Manager may accept and rely conclusively on any instructions or other communications reasonably believed to have been given by any Authorized Entity Signatory and may assume that the authority of any Authorized Entity Signatory continues in effect until the Program Manager receives written notice to the contrary in accordance with the instructions of the Form.
6. Should one or more Authorized Entity Signatories leave the Entity or no longer serve in a role where they have the authority to manage PA ABLE Accounts as an Authorized Entity Signatory, the Entity will immediately notify the PA ABLE Program and submit an updated Authorized Entity Signatory Form.

7. The Entity agrees to the terms and conditions of the Plan Disclosure Booklet for PA ABLE as currently in effect and agrees to be bound by the terms and conditions of any Supplement or revision to the Plan Disclosure Booklet issued by the Plan during the time that the Entity serves as an Authorized Individual for any PA ABLE Account.

8. I understand that PA ABLE, the Pennsylvania Treasury Department, and each of the Plan Administrators will not assume any liability for acts by or omissions of the Entity. Further, PA ABLE, the Pennsylvania Treasury Department, and each of the Plan Administrators are not liable in any way for actions taken or omissions made in reliance on instructions from any of the Authorized Entity Signatories. The Entity shall indemnify and hold harmless PA ABLE, the Pennsylvania Treasury Department, and each of the Plan Administrators from and against any and all loss, damage, liability, or expense, including reasonable attorneys' fees, that any of them may incur by reason of, or in connection with, any misstatement or misrepresentation made by the Entity or any Authorized Entity Signatory on this Form or otherwise with respect to the Account, and any breach by the Entity or any Authorized Entity Signatory of any of the agreements, representations, or warranties, contained in the Participation Agreement that is part of the Plan Disclosure Booklet.

9. This Form shall remain in full force and effect until revoked by an Authorized Officer or Representative of the Entity.

I am duly authorized to execute this Form. I know and understand the contents of this Form, and all statements on this Form are true and correct.

Signature of Authorized Officer or Representative

Title of Authorized Officer or Representative

State of _____

County of _____

Signed and sworn (or affirmed) to before me on _____ (date) by
 _____ (name of person making the statement).

(Signature of Notary Public)

(Seal)

My Commission expires:

