



## Organization Resolution of Signing Authority

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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.

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**Organization Name**

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**Authorized Individual Name / Controlling Officer** (First and last)

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**Position/Title**

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**Telephone Number**

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**Email Address**

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

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**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.