



ABLEnow Documentation Transmittal Form

This form is required to accompany documentation needed to validate your ABLEnow Account.

PLEASE NOTE: If you are submitting a Power of Attorney Document, please review this Power of Attorney Information Sheet to note any additional state specific documentation that is required.

Designated Beneficiary/Authorized Representative Information

*Required Fields

*Account Owner/Designated Beneficiary Name (First, MI, Last)

*Account Owner/ Designated Beneficiary Social Security Number

*Power of Attorney/Legal Guardian Name (First, MI, Last)

*Power of Attorney/Legal Guardian Date of Birth

*Power of Attorney/Legal Guardian Address

*City

*State

*Zip Code

*Power of Attorney/Legal Guardian Social Security Number

Documentation submitted

- Durable Power of Attorney
- Court Order or copy of the documentation issued by your state of residence establishing legal guardianship **over the Estate/Property** of the Account Owner/Designated Beneficiary. This means you are authorized to open/establish financial accounts and conduct financial transactions on behalf of the Account Owner/Designated Beneficiary.

Certification of Document Authenticity

I understand that any document submitted that only provides authority over the Account Owner's (Designated Beneficiary's) **person, (and not over his/her Estate/Property)** will not be acceptable for the purpose of establishing an ABLEnow Account.

I hereby acknowledge, under the penalties of perjury, that as of the date set forth below, the Durable Power of Attorney or document appointing me as the Guardian of the Designated Beneficiary's Estate that I am submitting for the creation of an ABLEnow Account remains legally binding and in full force and effect. The authority granted therein has not been terminated, revoked, restricted, and/or limited in any manner. I have fully complied with all the requirements necessary to maintain the enforceability of the Durable Power of Attorney or document appointing me Guardian of the Designated Beneficiary's Estate. I also hereby acknowledge under penalty of perjury that all information provided by me is true and correct and may be relied upon by ABLEnow and PNC Bank. I assume full responsibility for any actions taken on behalf of my submission of this document and will not hold ABLEnow or any of its subcontractors, including PNC Bank, liable for any adverse consequences that may result from this submission. I have not received tax, benefit or legal advice from ABLEnow or any of its subcontractors, including PNC Bank, and, if necessary, I will seek the advice of a tax, benefit or legal professional.

Signature: _____

Date: _____

PLEASE NOTE: ABLEnow Customer Service will not return these documents after review is complete. Please do not submit original documents.

Return the completed form and supporting documentation to:

Fax (855) 620-0827 or Mail to: ABLEnow Customer Service, P.O. Box 2765 Fargo, ND 58108-2765

Please call ABLEnow Customer Service at 1-844-NOW-ABLE (or 844-669-2253) with questions (Monday-Friday, 8 a.m. – 5 p.m. ET).