

Need help?

Give us a call Monday - Friday

from 9am - 6pm ET at

Individuals with speech or

Relay Service (TRS) from a

hearing disabilities may dial 711

to access Telecommunications

1-888-524-2253

telephone or TTY.

Mail the form to:

ABLE United

P.O. Box 9696

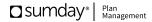
Important notice to the person executing this document:

This is an important legal document. This power of attorney authorizes an Entity, you designate, as your proxy or Attorney-in-fact with the broad powers it sets forth, to make decisions concerning your ABLE account for you (the Beneficiary). Your proxy will be able to make decisions and act with respect to your ABLE account whether or not you are able to act for yourself. Unless you specify otherwise, generally the proxy's authority will continue until you die or revoke the power of attorney or the proxy resigns or is unable to act for you.

You have the right to terminate this power of attorney. If you have questions about the power of attorney or the authority you are granting to your proxy, you should seek legal advice before signing this form.

		Providence, RI 02940-9696
Name of the Beneficiary on the ABI	Overnight Mail: ABLE United 4400 Computer Drive	
ABLE United account number (If ava	Westborough, MA 01581	
I,Name of the Beneficiary (First and	d last)	
of Address of Beneficiary		
do hereby, make constitute and app	ooint Name of the Attorney-In-Fact (En	
whose specimen signature is	as age	nt for
Signa	ature of the Agent (First and last)	(Entity ALR's business name)
	Attorney-In_Fact (entity ALR's buusines	

my true and lawful Attorney-in-Fact. All references herein to Attorney-in-Fact shall be to such Entity or



Entity-appointed Agent.



THIS IS A DURABLE POWER OF ATTORNEY AND THE AUTHORITY OF MY ATTORNEY-IN-FACT SHALL NOT TERMINATE IF I LATER BECOME INCAPACITATED OR IN THE EVENT OF LATER UNCERTAINTY AS TO WHETHER I AM DEAD OR ALIVE.

I give and grant, and have the legal capacity to grant, to my Attorney-in-Fact the power to act on my behalf with respect to the above referenced ABLE account, such power to be used for my benefit and to be exercised by my Attorney-in-Fact only in a fiduciary capacity. Specifically, my Attorney-in-Fact shall have the power:

To deposit or invest funds owned wholly or partly by me in the above referenced ABLE account;	to withdraw, now or in the future, any funds from the above referenced ABLE account;	to select the investment option(s) for the contributions to the ABLE account;	to change the beneficiary of the above- referenced ABLE account;	to make representations and certifications on the beneficiary's behalf and to otherwise manage and enter into all other lawful transactions with respect to the above referenced ABLE account
Beneficiary Initial	Beneficiary Initial	Beneficiary Initial	Beneficiary Initial	Beneficiary Initial

I hereby agree to indemnify and hold Florida Prepaid College Board (the "Board"), Florida ABLE, Inc. d/b/a ABLE United ("ABLE United"), and each of their service providers, harmless from acting upon instructions, either oral or in writing, believed to have originated from said Attorney-in-Fact and from any and all acts of said Attorney-in-Fact with respect to my ABLE account.

The authorization and indemnity is a continuing one and shall remain in full force and effect and shall be binding upon the undersigned's heirs, executors, successors, beneficiaries, or assigns until revoked by the undersigned by a written notice addressed and delivered to ABLE United, P.O. Box 9696, Providence, RI 02940-9696. Such revocation shall not affect any liability in any way resulting from transactions initiated prior to ABLE United or the Board acting on such revocation within a reasonable amount of time. In case of the death, disability or incompetence of the undersigned, this authorization shall continue and ABLE United, the Board, or any of its affiliates, shall not be responsible for any action taken on the basis of this authorization until the ABLE United has received written notice thereof addressed to the ABLE United and delivered to ABLE United Savings Plan's address listed above.

Any grant of a Durable Power of Attorney made by me subsequent to the date of execution of this Durable Power of Attorney shall not revoke this Durable Power of Attorney, unless the subsequent Durable Power of Attorney contains a statement to the contrary and specifically refers to this Durable Power of Attorney by its date. Any person relying on this power of attorney may rely on a photocopy as if it were an original.

The undersigned has read the foregoing in its entirety before signing.

I have signed and sealed this Power of Attorney this	Day (#)	day of Month	, 20 Year	
Signature of Beneficiary		Beneficiary Name	e Printed	
Witness #1 Signature		Witness #2 Signature		
Witness #1 Name Printed		Witness #2 Name	e Printed	



Keep in mind that:

You're providing the following information as underwritten certification that your signature is genuine.

Only sign if you are in the presence of a notary public or other officer providing notarization.

 You cannot guarantee your own signature. You may be required to provide proof of your authority to act on behalf of the ABLE Account.

Name of the Attorney-In-Fact (First and last)

STATE OF

COUNTY OF

The foregoing instrument was acknowledged before me by means of

physical presence or online notarization,

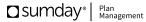
This day of , 20, by

Print, Type, or Stamp Commissioned Name of Notary Public

Circle one:

Personally Known OR Produced Identification

Type of Identification Produced





Affidavit of Attorney-In-Fact

STATE OF FLORIDA	
COUNTY OF County	
I,as agen	nt for,
Name of the Agent (First and last)	
of lawful age, being duly sworn on his oath says	that
	Name of the Beneficiary (First and last)
Address of the Ben	eficiary
did on this day of , 20 , 20 Day (#) Month	appoint the Entity true and lawful attorney-in-fact by the Year
foregoing instrument hereby made a part hereof.	
Signature of Agent signing on behalf of the Entity	
STATE OF FLORIDA	
COUNTY OF	
The foregoing instrument was acknowledged before	e me by means of
physical presence or online notarization	on,
This day of, 20, by	
Signature of Notary Public - State of Florida	Print, Type, or Stamp Commissioned Name of Notary Public
Signature of Hotary Labita State of Florida	
Circle one: Personally Known OR Produced Identification	1
Type of Identification Produced	