

**Important notice to the person executing this document:**

**This is an important legal document. It creates a power of attorney that provides the person you designate as your attorney-in-fact with the broad powers it sets forth. You have the right to terminate this power of attorney. If there is anything about this form that you do not understand, you should ask a lawyer to explain it to you.**

**Need help?**

Give us a call Monday – Friday  
from 9am – 6pm ET at  
**1-888-524-2253** or  
from 9am – 8pm ET at  
**1-844-888-2253 (TTY)**

**Mail the form to:**

ABLE United  
P.O. Box 9696  
Providence, RI 02940-9696

**Overnight Mail:**

ABLE United  
4400 Computer Drive  
Westborough, MA 01581

\_\_\_\_\_  
Name of the Beneficiary on the ABLE account (First and last)

AU \_\_\_\_\_  
ABLE United account number (If available)

\_\_\_\_\_-\_\_\_\_\_  
Telephone number

I, \_\_\_\_\_ of \_\_\_\_\_  
Name of the Beneficiary (First and last) Address of Beneficiary

do hereby, make constitute and appoint \_\_\_\_\_  
Name of the Attorney-In-Fact (First and last)

whose specimen signature is \_\_\_\_\_  
Signature of the Agent (First and last)

and whose address is \_\_\_\_\_  
Address of Attorney-In-Fact

my true and lawful Attorney-in-Fact. All references herein to Attorney-in-Fact shall be to such person or his or her successors.



STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

County

Before me, the undersigned authority, personally appeared \_\_\_\_\_,  
**Name of the Attorney-In-Fact** (First and last)

who, after being first duly sworn, deposes and says he/she has read and understands the foregoing document.

Subscribed and sworn to before me

this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_  
**Day (#)                      Month                      Year**

\_\_\_\_\_ Personally known

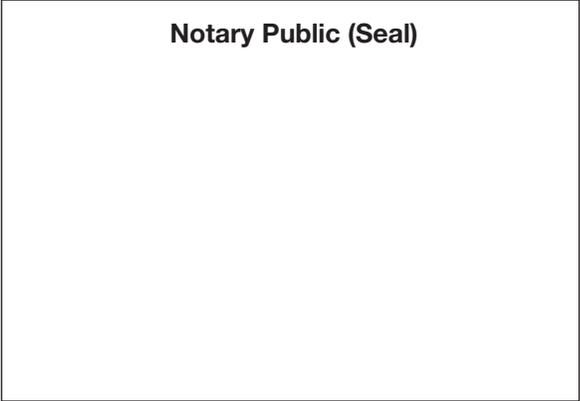
OR

\_\_\_\_\_ Produced Identification

\_\_\_\_\_  
**Type of Identification Produced**

My commission expires: \_\_\_\_\_  
**Date** (mm/dd/yyyy)

\_\_\_\_\_  
**Signature of Notary Public**



**Affidavit of Attorney-In-Fact**

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_  
County

I, \_\_\_\_\_, of lawful age, being duly sworn on  
**Name of the Attorney-In-Fact** (First and last)

his oath says that \_\_\_\_\_, as principle, who resides at  
**Name of the Beneficiary** (First and last)

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**Address of the Beneficiary**

did on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ appoint me true and lawful attorney by the  
**Day (#)                      Month                      Year**

foregoing instrument hereby made a part hereof.

Before me, the undersigned authority, personally appeared \_\_\_\_\_,  
**Name of the Attorney-In-Fact** (First and last)

who, after being first duly sworn, deposes and says he/she has read and understands the foregoing Affidavit and the Affidavit is true and correct to the best of his/her knowledge and belief.

Subscribed and sworn to before me

this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_  
**Day (#)                      Month                      Year**

\_\_\_\_\_ Personally known  
OR  
\_\_\_\_\_ Produced Identification

\_\_\_\_\_  
**Type of Identification Produced**

My commission expires: \_\_\_\_\_  
**Date (mm/dd/yyyy)**

\_\_\_\_\_  
**Signature of Notary Public**

**Notary Public (Seal)**