

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.

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.

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 of _____, 20____.

Day (#) Month Year

Signature of Beneficiary

Beneficiary Name Printed

Witness #1 Signature

Witness #2 Signature

Witness #1 Name Printed

Witness #2 Name Printed

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

Notary Public (Seal)

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)

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

Notary Public (Seal)

Type of Identification Produced

My commission expires: _____
Date (mm/dd/yyyy)

Signature of Notary Public