

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
	Address of Deficicially
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 Attorn	ey-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 (#)	day of Month	, 20 Year	
Signature of Beneficiary		Beneficiary Name	e Printed	
Witness #1 Signature		Witness #2 Signa	ture	
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)

Notary Public (Seal)

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
_____ 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)	
Address of the Beneficiary	
did on this day of , 20 Day (#) Month Year	appoint me true and lawful attorney by the
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			Notary Public (Seal)	
this da	ay of	, 20		
Day (#)	Month	Year		
Person	ally known			
OR				
Produced Identification				
Type of Identific	cation Produced			
My commission	expires:			
	Date (mm/	dd/yyyy)		

Signature of Notary Public