



# Durable Power of Attorney and Indemnification Agreement for Power of Attorney Registration and Successor Power of Attorney Registration

**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**

Individuals with speech or hearing disabilities may dial 711 to access Telecommunications Relay Service (TRS) from a telephone or 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 Attorney-In-Fact (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. In the event the above mentioned Attorney-In-Fact fails or ceases to act as my attorney-in-fact for any reason,

I appoint \_\_\_\_\_  
Name of the Successor Attorney-in-Fact (First and last)

whose specimen signature is \_\_\_\_\_  
Signature of the Successor Attorney-in-Fact (First and last)

and whose address is \_\_\_\_\_  
Address of Successor 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.



**Keep in mind that:**

- You're providing the following information as underwritten certification that your signature is genuine.
- You cannot guarantee your own signature. You may be required to provide proof of your authority to act on behalf of the ABLE Account.

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

\_\_\_\_\_  
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 \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public - State of Florida

Circle one:  
**Personally Known OR Produced Identification**

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

**Print, Type, or Stamp Commissioned Name 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 \_\_\_\_\_ appoint me true and lawful attorney by the  
**Day (#)                      Month                      Year**

foregoing instrument hereby made a part hereof.

**Notarization acknowledgement of Attorney-In-Fact**

Before me, the undersigned authority, personally appeared \_\_\_\_\_ ,  
Signature of the Attorney-In-Fact Date

\_\_\_\_\_  
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.

STATE OF \_\_\_\_\_

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

The foregoing instrument was acknowledged before me by means of

physical presence or  online notarization,

This \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public - State of Florida

Circle one:  
**Personally Known** OR **Produced Identification**

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

**Print, Type, or Stamp Commissioned  
Name of Notary Public**

**Notarization acknowledgement of Substitute Attorney-In-Fact**

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

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

STATE OF \_\_\_\_\_

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

The foregoing instrument was acknowledged before me by means of

**physical presence** or  **online notarization**,

This \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_

\_\_\_\_\_  
**Signature of Notary Public - State of Florida**

Circle one:  
**Personally Known** OR **Produced Identification**

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

**Print, Type, or Stamp Commissioned  
Name of Notary Public**

**Affidavit of Substitute Attorney-In-Fact**

STATE OF FLORIDA

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

I, \_\_\_\_\_, of lawful age, being duly sworn on  
**Name of the Successor 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.

**Notarization acknowledgement of Successor Attorney-In-Fact**

Before me, the undersigned authority, personally appeared \_\_\_\_\_ ,  
Signature of the Successor Attorney-In-Fact                      Date

\_\_\_\_\_  
Name of the Successor 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.

STATE OF \_\_\_\_\_

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

The foregoing instrument was acknowledged before me by means of

physical presence or  online notarization,

This \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public - State of Florida

Circle one:  
**Personally Known** OR **Produced Identification**

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

**Print, Type, or Stamp Commissioned  
Name of Notary Public**