



# 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 TRS from a telephone or TTY.

**Mail the form to:**

ABLE United  
PO Box 534422  
Pittsburgh, PA 15253- 4422

**Overnight Mail:**

ABLE United  
Attention: 534422  
500 Ross Street, 154-0520  
Pittsburgh, PA 15262

**Fax:** 833-337-7250

\_\_\_\_\_  
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.





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

**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, PO Box 534422, Pittsburgh, PA 15253- 4422. 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



**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**