



# 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 8am – 7pm CT at **1-833-711-2253**

Individuals with speech or hearing disabilities may dial 711 to access Telecommunications Relay Service (TRS) from a telephone or TTY.

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

\_\_\_\_\_  
Alabama ABLE account number

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

## Mail the form to:

Alabama ABLE  
P.O. Box 534419  
Pittsburgh, PA 15253- 4419

## Overnight Mail:

Alabama ABLE  
Attention: 534419  
500 Ross Street, 154-0520  
Pittsburgh, PA 15262

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

do hereby, make constitute and appoint \_\_\_\_\_  
Full Name of the Attorney-In-Fact

whose specimen signature is \_\_\_\_\_  
Signature of the Attorney-In-Fact

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 Successor Attorney-In-Fact (First and last)

whose specimen signature is \_\_\_\_\_  
Signature of 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.

## Fax:

833-223-5121



# 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 Initials

\_\_\_\_\_  
Beneficiary Initials

\_\_\_\_\_  
Beneficiary Initials

\_\_\_\_\_  
Beneficiary Initials

\_\_\_\_\_  
Beneficiary Initials

I hereby agree to indemnify and hold **Alabama ABLE Savings Plan ("Alabama ABLE")**, 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 Alabama 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 Alabama ABLE, P.O. Box 9894, Providence, RI 02940-8094. Such revocation shall not affect any liability in any way resulting from transactions initiated prior to Alabama ABLE 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 Alabama ABLE, the Board, or any of its affiliates, shall not be responsible for any action taken on the basis of this authorization until the Alabama ABLE has received written notice thereof addressed to the Alabama ABLE and delivered to Alabama ABLE 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



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

STATE OF ALABAMA

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

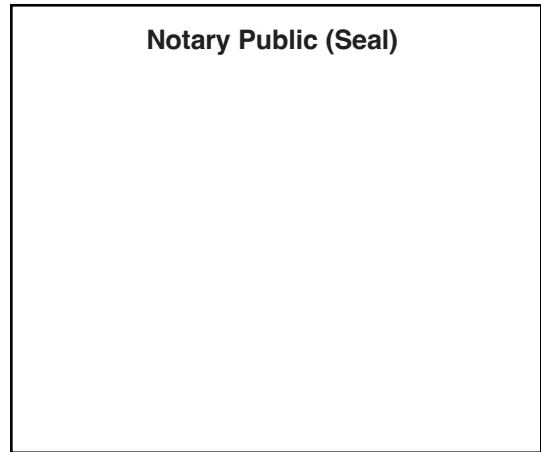
physical presence or  online notarization

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**



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

## Affidavit of Attorney-In-Fact

STATE OF ALABAMA

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.

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

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.

Subscribed and sworn to before me

physical presence or  online notarization

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

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

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STATE OF ALABAMA

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

County

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.

Subscribed and sworn to before me

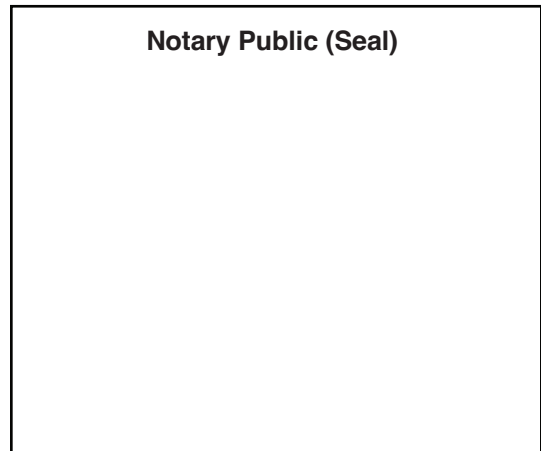
physical presence or  online notarization

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**



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

## Affidavit of Substitute Attorney-In-Fact

STATE OF ALABAMA

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.



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

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.

Subscribed and sworn to before me

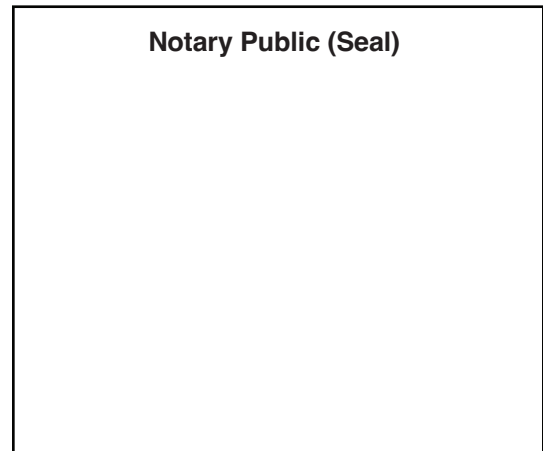
physical presence or  online notarization

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**