

**Important notice to the person executing this document:**

This is an important legal document. This power of attorney authorizes another person (your Agent) to make decisions concerning your Maryland ABLE account for you (the Beneficiary). Your agent will be able to make decisions and act with respect to your Maryland ABLE account whether or not you are able to act for yourself. Unless you specify otherwise, generally the agent's authority will continue until you die or revoke the power of attorney or the agent resigns or is unable to act for you.

**If you have questions about the power of attorney or the authority you are granting to your agent, you should seek legal advice before signing this form.**

**Need help?**

Give us a call Monday Friday from 9am 8pm ET at **1-855-563-2253**

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

**Mail the form to:**

Maryland ABLE  
P.O. Box 534424  
Pittsburgh, PA 15253- 4424

**Overnight Mail:**

Maryland ABLE  
Attention: 534424  
500 Ross Street, 154-0520  
Pittsburgh, PA 15262

**Fax:**

833-286-8170

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

\_\_\_\_\_  
**Maryland ABLE account number**

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
**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** (Entity ALRs business name)

whose specimen signature is \_\_\_\_\_ as agent for \_\_\_\_\_  
**Agent's Signature** (first and last)                      Entity ALR's business name

and whose address is \_\_\_\_\_  
**Address of Attorney-In-Fact** (Entity ALR's business address)

my true and lawful Attorney-in-Fact. All references herein to Attorney-in-Fact shall be to such Entity or the Entity-appointed Agent.

**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. The Agent must act for my benefit and use the care, skill and diligence ordinarily exercised by agents in similar circumstances. Specifically, my Attorney-in-Fact shall have the power to:

- Obtain information about the account;
- Deposit money to the account;
- Invest money and move money among Investment Options within the account;
- Withdraw, now or in the future, any funds from the above-referenced ABLE account;
- Change the beneficiary of the above-referenced ABLE account to an Eligible Individual who is a Member of the Family;
- Make representations and certifications on the beneficiary's behalf;
- Change the address of record on the Account; and
- Otherwise manage and enter into all other lawful transactions with respect to the above-referenced ABLE account.

I hereby agree to indemnify and hold harmless the Maryland ABLE program, Maryland 529, the State of Maryland, its partners, and each of their service providers, including the Maryland ABLE's Program Manager, currently Vestwell State Savings, LLC ("Vestwell"), 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 to the Program delivered to Maryland ABLE, P.O. Box 9891 Providence, RI 02940 -8091, such revocation shall not affect any liability in any way resulting from transactions initiated prior to the Plan or Program Manager 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 Maryland ABLE, Maryland 529, the State of Maryland, Program Manager or any of its affiliates, shall not be responsible for any action taken on the basis of this authorization until the Program has received written notice thereof addressed to the Program and delivered to Maryland ABLE'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. IN WITNESS WHEREOF, I have hereunto

Continued from page 2.

IN WITNESS WHEREOF, I have hereunto set my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**Day(##)                      Month                                      Year**

\_\_\_\_\_  
**Signature of Beneficiary** (Grantor of Power of Attorney)

STATE OF MARYLAND, ss

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

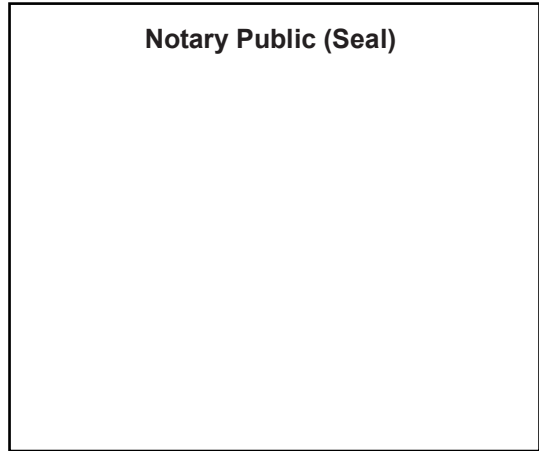
This instrument was acknowledged before me

on \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
**Date (mm/dd/yyyy)**

by \_\_\_\_\_  
**Name of person** (first and last)

My term expires: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
**Date (mm/dd/yyyy)**

\_\_\_\_\_  
**Signature of Notary Public**



**Witness Attestation**

The foregoing power of attorney was, on the date written above, published and declared by

\_\_\_\_\_ in our presence to be his/her power of attorney.

**Name of Beneficiary**

We, in his/her presence and at his/her request, and in the presence of each other, have attested to the same and have signed our names as attesting witnesses.

**Witness #1**

**Witness #2**

\_\_\_\_\_  
**Witness #1 Signature**

\_\_\_\_\_  
**Witness #2 Signature**

\_\_\_\_\_  
**Witness #1 Name Printed**

\_\_\_\_\_  
**Witness #2 Name Printed**

\_\_\_\_\_  
**Witness #1 Address**

\_\_\_\_\_  
**Witness #2 Address**

\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_  
**Witness #1 telephone number**

\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_  
**Witness #2 telephone number**

**Agent's Duties**

When you accept the authority granted under this power of attorney, a special legal relationship is created between you and the beneficiary. This relationship imposes on you legal duties that continue until you resign or the power of attorney is terminated or revoked. You must:

1. Do what it knows the beneficiary reasonably expects it to do with the beneficiary's Maryland ABLE account or, if the Entity does not know the beneficiary's expectations, act in the beneficiary's best interest;
2. Act with care, competence, and diligence for the best interest of the beneficiary;
3. Do nothing beyond the authority granted in this power of attorney; and
4. Disclose its identity as an Entity ALR whenever it acts for the beneficiary by writing or printing the name of the beneficiary with the signature of an authorized agent on behalf of the Entity ALR, as "agent" in the following manner:

\_\_\_\_\_ by \_\_\_\_\_ as Agent on behalf of the Entity ALR.  
**Beneficiary's Name** **Your Signature**

The Entity must also:

1. Act loyally for the beneficiary's benefit;
2. Avoid conflicts that would impair its ability to act in the beneficiary's best interest;
3. Keep a record of all receipts, disbursements, and transactions made on behalf of the beneficiary.

**Termination of Agent's Authority**

The Entity must stop acting on behalf of the beneficiary if it learns of any event that terminates this power of attorney or its authority under this power of attorney. Events that terminate a power of attorney or the Entity's authority to act under a power of attorney include:

1. Death of the beneficiary;
2. The beneficiary's revocation of the power of attorney or the Entity's authority;
3. The purpose of the power of attorney is fully accomplished; or
4. If you are married to the beneficiary, a legal action is filed with a court to end your marriage, or for your legal separation, unless the Special Instructions in this power of attorney state that such an action will not terminate your authority.

**Liability of Agent**

The meaning of the authority granted to you is defined in the Maryland Power of Attorney Act, Title 17 of the Estates and Trusts Article. If you violate the Maryland Power of Attorney Act, Title 17 of the Estates and Trusts Article, or act outside the authority granted, you may be liable for any damages caused by your violation.

**If there is anything about this document or the Entity ALR's duties that it or its agents does not understand, the Entity should seek legal advice.**

Affidavit of Attorney-In-Fact

STATE OF MARYLAND, ss.  
COUNTY OF \_\_\_\_\_  
County

I, \_\_\_\_\_ as an agent for \_\_\_\_\_  
Name of the Agent (first and last) Name of the Attorney-In-Fact (Entity ALRs business name)

of lawful age, being duly sworn on his/her oath says that \_\_\_\_\_  
Name of the Beneficiary (first and last)

as principal, who resides at \_\_\_\_\_  
Address of the Beneficiary

did on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ appoint the Entity true and lawful attorney-in-fact by  
Day(#) Month Year

the foregoing instrument hereby made a part hereof.

\_\_\_\_\_  
Signature of Agent signing on behalf of the Entity Attorney-In-Fact (first and last)

Subscribed and sworn to before me

on \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Signature of Notary Public

My term expires: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date (mm/dd/yyyy)

