

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 or
from 9am – 8pm ET at
1-844-888-2253 (TTY)

Mail the form to:

Maryland ABLE
P.O. Box 9891
Providence, RI 02940-8091

Overnight Mail:

Maryland ABLE
4400 Computer Drive
Westborough, MA 01581

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

Maryland ABLE program 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 Agent (First and last) Social Security Number of the Agent

whose specimen signature is _____
Signature of the Agent (First and last)

and whose address is _____
Address of Agent

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 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 powers 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 Sumday Administration, LLC), 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

set my hand this _____ day of _____, 20_____.
Day (#) Month Year

Signature of Beneficiary

STATE OF MARYLAND

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)

Notary Public (Seal)

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 you know the beneficiary reasonably expects you to do with the beneficiary's Maryland ABLÉ account or, if you do 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 your identity as an agent whenever you act for the beneficiary by writing or printing the name of the beneficiary and signing your own name as "agent" in the following manner:

_____ by _____ as Agent

Beneficiary's Name

Your Signature

You must also:

1. Act loyally for the beneficiary's benefit;
2. Avoid conflicts that would impair your 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

You must stop acting on behalf of the beneficiary if you learn of any event that terminates this power of attorney or your authority under this power of attorney. Events that terminate a power of attorney or your 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 your 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 your duties that you do not understand, you should seek legal advice.

Affidavit of Attorney-In-Fact

STATE OF MARYLAND

COUNTY OF _____
County

I, _____, of lawful age, being duly sworn on
Name of the Agent (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.

Signature of Attorney-In-Fact

Subscribed and sworn to before me

this _____ day of _____, 20 _____
Day (#) Month Year

My commission expires: _____
Date (mm/dd/yyyy)

Signature of Notary Public

