



# Durable Power of Attorney and Indemnification Agreement for Entity Power of Attorney

## Important notice to the person executing this document:

This is an important legal document. This power of attorney authorizes an Entity, you designate, as your proxy or Attorney-in-fact with the broad powers it sets forth, to make decisions concerning your STABLE Account for you (the Beneficiary). Your proxy will be able to make decisions and act with respect to your STABLE Account whether or not you are able to act for yourself. Unless you specify otherwise, generally the proxy's authority will continue until you die or revoke the power of attorney or the proxy resigns or is unable to act for you.

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

## Need help?

Give us a call Monday – Friday from 9am – 8pm ET at **1-800-439-1653**

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

## Mail the form to:

STABLE Account Plan  
P.O. Box 534425  
Pittsburgh, PA 15253- 4425

## Overnight Mail:

Attention: 534425  
500 Ross Street, 154-0520  
Pittsburgh, PA 15262

## Fax:

844-745-9612

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

\_\_\_\_\_  
**STABLE 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 STABLE 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 STABLE account;
- Change the beneficiary of the above-referenced STABLE 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 STABLE account.

I hereby agree to indemnify and hold harmless the STABLE Account Savings Plan ("Plan"), and each of their service providers (including the Plan's Program Manager, currently Vestwell 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 STABLE 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 STABLE Account Savings Plan P.O. Box 9671 Providence, RI 02940-9671. 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, this authorization shall continue and the Plan, Program Manager or any of its affiliates, shall not be responsible for any action taken on the basis of this authorization until the Plan has received written notice thereof addressed to the Plan and delivered to STABLE Account 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.

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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 \_\_\_\_\_

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

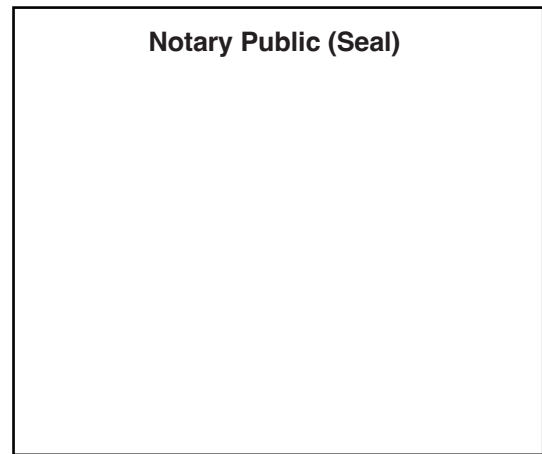
This instrument was acknowledged before me

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 the Entity ALR accepts the authority granted under this power of attorney, a special legal relationship is created between the Entity and the beneficiary. This relationship imposes on the Entity legal duties that continue until it resigns or the power of attorney is terminated or revoked. The Entity must:

1. Do what it knows the beneficiary reasonably expects it to do with the beneficiary's STABLE 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**    **Entity ALR Agent's 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

### Liability of Agent

The meaning of the authority granted to the Entity is defined in the STABLE Power of Attorney Act, Title 17 of the Estates and Trusts Article. If the Entity violates the STABLE Power of Attorney Act, Title 17 of the Estates and Trusts Article, or act outside the authority granted, it 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 \_\_\_\_\_  
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)

