Power of Attorney Form for Additional Users

- Complete this form when you want to grant someone online access to your account, at the “Account Manager” permission level.
- This form is only needed when:
  - Adding users via the “Manage Access” section of your online account portal. Authorized Individuals **do not** need to use this form to open or manage a PA ABLE account.
  - Giving the user “Account Manager” level access, which includes the ability to make withdrawals. You do not need to complete this form if you are assigning a user a lower level of account access. Permission levels can be viewed online in the “Manage Access” section of your account.
- This **Power of Attorney Form** must be signed by the Account Owner in Section 4 and your signature must be notarized. This **Power of Attorney Form** must also be signed by the Agent being appointed under this Power of Attorney in **Section 3**.
- Two witnesses must also sign and date this form.
- If there is anything about this form that you do not understand, you should seek legal advice.
- Type in your information and print out the completed form, or print clearly, preferably in capital letters and black ink. Mail the form to the address listed. Do not staple.

Need help?

Give us a call Monday – Friday from 9am – 8pm ET at **1-855-529-ABLE (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:
PA ABLE Savings Program
P.O. Box 534004
Pittsburgh, PA 15253-4004

Overnight Mail:
PA ABLE Savings Program
Attention: 534004
1350 Penn Avenue Suite 102
Pittsburgh, PA 15222

Fax:
855-851-7352

PAABLE

Power of Attorney Form for Additional Users

1 NOTICE

THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. THIS POWER OF ATTORNEY DOES NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS, BUT, WHEN POWERS ARE EXERCISED, YOUR AGENT MUST USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS POWER OF ATTORNEY. YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME INCAPACITATED, UNLESS YOU EXPRESSLY LIMIT THE DURATION OF THESE POWERS OR YOU REVOKE THESE POWERS OR A COURT ACTING ON YOUR BEHALF TERMINATES YOUR AGENT'S AUTHORITY. YOUR AGENT MUST ACT IN ACCORDANCE WITH YOUR REASONABLE EXPECTATIONS TO THE EXTENT ACTUALLY KNOWN BY YOUR AGENT AND, OTHERWISE, IN YOUR BEST INTEREST, ACT IN GOOD FAITH AND ACT ONLY WITHIN THE SCOPE OF AUTHORITY GRANTED BY YOU IN THE POWER OF ATTORNEY. THE LAW PERMITS YOU, IF YOU CHOOSE, TO GRANT BROAD AUTHORITY TO AN AGENT UNDER POWER OF ATTORNEY, INCLUDING THE ABILITY TO GIVE AWAY ALL OF YOUR PROPERTY WHILE YOU ARE ALIVE OR TO SUBSTANTIALLY CHANGE HOW YOUR PROPERTY IS DISTRIBUTED AT YOUR DEATH. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD SEEK THE ADVICE OF AN ATTORNEY AT LAW TO MAKE SURE YOU UNDERSTAND IT. A COURT CAN TAKE AWAY THE POWERS OF YOUR AGENT IF IT FINDS YOUR AGENT IS NOT ACTING PROPERLY. THE POWERS AND DUTIES OF AN AGENT UNDER A POWER OF ATTORNEY ARE EXPLAINED MORE FULLY IN 20 PA.C.S. CH. 56. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER OF YOUR OWN CHOOSING TO EXPLAIN IT TO YOU.

ACCOUNT OWNER (BENEFICIARY) SIGNATURE – YOU MUST SIGN BELOW:

I HAVE READ OR HAD EXPLAINED TO ME THIS NOTICE AND I UNDERSTAND ITS CONTENTS.

_____ Signature

__ __ / __ __ / __ __ __ __ Date (mm/dd/yyyy)

2 Account Owner information (All information in this section is required.)

__ __ __ – __ __ – __ __ __ __
Social Security Number or Taxpayer Identification Number

__ __ __ __ __ __ __ __ __ __ __ __
PA ABLE Account Number

Name of Account Owner (First and Last)

Residential Address (No P.O. boxes are accepted)

City

State

Zip Code

__ __ __ – __ __ __ – __ __ __ __
Telephone Number

3 Agent information (All information in this section is required.)

_____

Name of Agent (First and Last)

__ __ __ – __ __ – __ __ __ __

Social Security number or other Tax ID number

_____

Mailing Address (P.O. boxes are accepted for mailing address)

_____ _____ __ __ __ __ __ – __ __ __ __

City State Zip Code

__ __ __ – __ __ __ – __ __ __ __

Telephone Number

I, THE ABOVE NAMED AGENT, HAVE READ THE ATTACHED POWER OF ATTORNEY AND AM THE PERSON IDENTIFIED AS THE AGENT FOR THE PRINCIPAL. I HEREBY ACKNOWLEDGE THAT WHEN I ACT AS AGENT:

I SHALL ACT IN ACCORDANCE WITH THE PRINCIPAL'S REASONABLE EXPECTATIONS TO THE EXTENT ACTUALLY KNOWN BY ME AND, OTHERWISE, IN THE PRINCIPAL'S BEST INTEREST, ACT IN GOOD FAITH AND ACT ONLY WITHIN THE SCOPE OF AUTHORITY GRANTED TO ME BY THE PRINCIPAL IN THE POWER OF ATTORNEY.

BY SIGNING, ACCEPTING, OR ACTING UNDER THIS APPOINTMENT, I ASSUME THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT. I ACKNOWLEDGE THAT, AS AGENT, I ACT EXCLUSIVELY FOR THE BENEFIT OF THE ACCOUNT OWNER AND NEITHER HAVE NOR WILL ACQUIRE ANY BENEFICIAL INTEREST IN THE ABLE ACCOUNT DURING THE LIFETIME OF THE ACCOUNT OWNER. I FURTHER ACKNOWLEDGE THAT I OWE A DUTY OF LOYALTY TO AND PROTECTION OF THE BEST INTERESTS OF THE ACCOUNT OWNER, A DUTY TO AVOID CONFLICTS OF INTEREST AND TO USE ORDINARY SKILL AND PRUDENCE IN THE EXERCISE OF THESE DUTIES. I AGREE TO DIRECT ANY BENEFITS DERIVED FROM THIS POWER OF ATTORNEY TO THE ACCOUNT OWNER.

_____ __ __ / __ __ / __ __ __ __

Signature of Agent Date (mm/dd/yyyy)

4 Signature, appointment of Agent indemnification, and notarization — YOU MUST SIGN BELOW

UNLESS YOU DIRECT OTHERWISE, THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED OR TERMINATED AS SPECIFIED BELOW. THIS POWER OF ATTORNEY WILL CONTINUE TO BE EFFECTIVE EVEN IF YOU BECOME INCAPACITATED OR INCOMPETENT. THIS POWER OF ATTORNEY MAY BE REVOKED BY YOU AT ANY TIME. ABSENT REVOCATION, THE AUTHORITY GRANTED IN THIS POWER OF ATTORNEY IS EFFECTIVE WHEN THIS POWER OF ATTORNEY IS SIGNED AND CONTINUES IN EFFECT UNTIL YOUR DEATH.

I, the Account Owner listed in Section 2, appoint the person listed in Section 3, as my Agent to act for me in any lawful way that I may act with respect to the PA ABLE Account identified in Section 2, or in any identically registered account opened after this document has been signed in accordance with procedures established by PA ABLE.

I agree that any third party who receives a copy of this document may act under it with respect to the PA ABLE Account identified in **Section 2**. Revocation or termination of the Power of Attorney due to my death, court determination or any other reason is not effective as to a third party until the third party receives written notice of the revocation or termination and the third party has had a reasonable amount of time to act on such notice. I, for myself and for my heirs, executors, legal representatives and assigns, agree to indemnify and hold harmless the Plan Administrators, as defined in the PA ABLE Savings Program Disclosure Statement, and any of their respective authorized agents, and employees, and any third party acting hereunder (any of such persons, individually, a “third party”) in connection with PA ABLE, from and against any and all claims that may arise or do arise against such third party by reason of any action or inaction by such third party having relied on the provisions of this Power of Attorney, including any claims that arise from acting on instructions believed by any of them to have originated from my Agent, and to pay such third party promptly on demand, for any and all losses arising out of any act by my Agent under this Power of Attorney.

IF YOU HAVE ANY QUESTIONS ABOUT THE POWER OF ATTORNEY OR AUTHORITY YOU ARE GRANTING TO YOUR AGENT, YOU SHOULD SEEK LEGAL ADVICE BEFORE SIGNING THIS FORM.

_____ Signature of Account Owner

__ __ / __ __ / __ __ __ __ Date (mm/dd/yyyy)

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The Account Owner's signature must be notarized.

STATE OF _____)

)ss.:

COUNTY OF _____)

This document was acknowledged before me on _____ (date) by _____ *(name of Account Owner)*, who certifies the correctness of the signature of the Account Owner.

_____

Signature of Notary

__ __ / __ __ / __ __ __ __

Date (mm/dd/yyyy)

_____

Name of Notary (first, middle initial, last)

My commission expires:

__ __ / __ __ / __ __

Date (mm/dd/yyyy)

Notary to place seal here

Applies to signature in **Section 4.**

Witness Signatures and Representations:

By signing as a witness, I acknowledge that the Account Owner signed this durable Power of Attorney in my presence or the Account Owner acknowledged to me that his or her signature was affixed by him or her at his or her direction. I also acknowledge that the Account Owner has stated that this instrument reflects his or her wishes and that he or she has signed it voluntarily. I am not named herein as a permissible recipient of any gift or other transfer. ***Both witness signatures are required.***

_____ __ __ / __ __ / __ __ __ __

Signature of Witness Date (mm/dd/yyyy)

_____

Name of Witness (first, middle initial, last)

_____

Mailing Address

_____ _____ __ __ __ __ __ – __ __ __ __

City State Zip Code

_____ __ __ / __ __ / __ __ __ __

Signature of Witness Date (mm/dd/yyyy)

_____

Name of Witness (first, middle initial, last)

_____

Mailing Address

_____ _____ __ __ __ __ __ – __ __ __ __

City State Zip Code