

Instructions

1. Complete this form to designate a person to act as your Agent relative to your STABLE Account. Upon completion of this form, your Agent will be able to open a STABLE Account on your behalf, make contributions to that STABLE Account, authorize distributions from that STABLE Account, access information about that STABLE Account, and make investment decisions for that STABLE Account.
2. This form must be signed by the STABLE Account Beneficiary and notarized in Section 3.
3. This form must be signed by the Agent in Section 4.
4. Keep this form on file in your records. You may be asked to provide proof of your Agency at a later date.

Notice to person signing this form

1. This is a legally binding document that authorizes another person, known as your Agent, to act on your behalf and without any further consent from you with respect to your STABLE Account.
2. This document is effective immediately and terminates only upon your written revocation, your death, the closure of your STABLE Account, or entry of judgment by an appropriate court.
3. If you have any questions about this form please consult an attorney before signing.

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 9671
Providence, RI 02940-9671

Overnight Mail:

STABLE Account Plan
4400 Computer Drive
Westborough, MA 01581

1 Beneficiary information

Name (First and last)

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

Street address 1

Street address 2

City

State

ZIP Code

Social Security or Taxpayer Identification Number

Telephone number

How does the Beneficiary identify?

As she

As he

Chooses not to identify

2 Agent information

Name (First and last)

Street address 1

Street address 2

City

State

ZIP Code

Telephone number

3 Authority granted and beneficiary signature

I, the Beneficiary listed in Section 1 of this limited power of attorney, appoint the person listed in Section 2 of this limited power of attorney as my attorney-in-fact (my “Agent”). I grant my Agent the power and authority to:

1. Complete any necessary documentation or enrollment process to open a STABLE Account on my behalf.
2. Assign, convey, and transfer all or any part of my assets to my STABLE Account on my behalf.
3. Access, request, and receive information about my STABLE Account, including account statements and tax reporting information.
4. Make investment allocation decisions about my STABLE Account.
5. Authorize distributions from my STABLE Account.
6. Request and use a STABLE Card in connection with my STABLE Account.
7. Grant third parties access to information about my STABLE Account.
8. Change the beneficiary of my STABLE Account to an eligible sibling, as provided for by law and in the STABLE Account Plan Disclosure Statement.
9. Access and monitor my STABLE Account online and over the phone.
10. Perform any other account maintenance, monitoring, or paperwork, and make any other account-related decisions necessary for the proper and efficient administration of my STABLE Account.

This limited power of attorney is durable and will not be affected or terminated by my incapacity or by lapse of time.

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I agree that any third party who receives a copy of this limited power of attorney may act under it. Revocation or termination of this limited power of attorney due to my written revocation, my death, a 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 a reasonable time to act on such notice or revocation or termination.

I, for myself, and on behalf of my heirs, executors, legal representatives, and assigns, agree to indemnify any third party acting under this limited power of attorney, the State of Ohio, the Office of the Ohio Treasurer, and any of their respective agencies, subdivisions, authorized agents, employees and affiliates, for any claims that arise against them because of reliance on this limited power of attorney.

STATE OF _____
COUNTY OF _____

Signature of Beneficiary

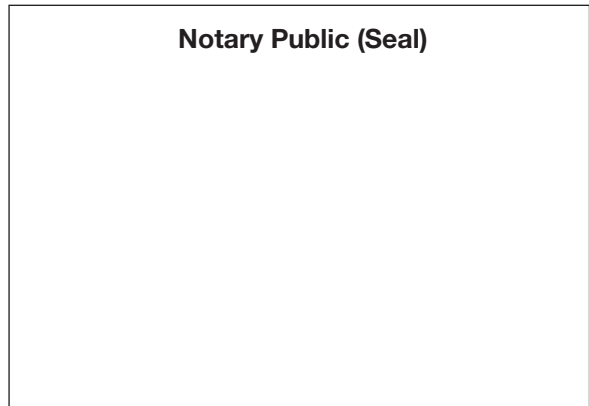
The forgoing limited power of attorney was acknowledged before me

physical presence or online notarization

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

Signature of Notary Public

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



4 Acceptance by agent

I, the Agent listed in Section 2 of this limited power of attorney, accept the appointment as Agent for the Beneficiary listed in Section 1 of this limited power of attorney. I acknowledge that as Agent I owe the Beneficiary a duty of loyalty, a duty to avoid conflicts of interest, a duty to use ordinary skill and prudence in the exercise of my authority as Agent, and a duty to keep the Beneficiary informed of actions taken in my capacity as Agent. I agree to exercise all power and authority granted in this limited power of attorney for the sole and exclusive best interests of the Beneficiary.

Signature of agent