



Durable Power of Attorney and Indemnification Agreement for Power of Attorney Registration

Important notice to the person executing this document:

This is an important legal document. It creates a power of attorney that provides the person you designate as your attorney-in-fact with the broad powers it sets forth. You have the right to terminate this power of attorney. If there is anything about this form that you do not understand, you should ask a lawyer to explain it to you.

Need help?

Give us a call Monday – Friday
from 9am – 5pm PT at
1-844-999-2253 or
from 6am – 5pm PT at
1-844-888-2253 (TTY)

Mail the form to:

Oregon ABLE Savings Plan
P.O. Box 9891
Providence, RI 02940-8091

Overnight Mail:

Oregon ABLE Savings Plan
4400 Computer Drive
Westborough, MA 01581

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

Oregon ABLE Savings Plan account number (If available)

Telephone number

I, _____
Name of the Beneficiary (First and last)

of _____
Address of Beneficiary

do hereby, make constitute and appoint _____
Name of the Agent (First and last)

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.



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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. Specifically, my Attorney-in-Fact shall have the power:

To deposit or invest funds owned wholly or partly by me in the above referenced ABLE account; to withdraw, now or in the future, any funds from the above referenced ABLE account; to select the investment option(s) for the contributions to the ABLE account; to change the beneficiary of the above-referenced ABLE account; to make representations and certifications on the beneficiary's behalf and to otherwise manage and enter into all other lawful transactions with respect to the above referenced ABLE account.

I hereby agree to indemnify and hold the Oregon 529 Savings Network ("Network"), Oregon ABLE Savings Plan ("Plan"), and each of their service providers (including the Plan's Program Manager, currently Sumday Administration, LLC), harmless 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 Plan delivered to Oregon ABLE Savings Plan 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 the Network, 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 Oregon ABLE 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. IN WITNESS WHEREOF, I have hereunto

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

Signature of Grantor of Power of Attorney



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STATE OF OREGON, 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)

Notary Public (Seal)

Signature of Notary Public



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Affidavit of Attorney-In-Fact

STATE OF OREGON, ss.

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

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

