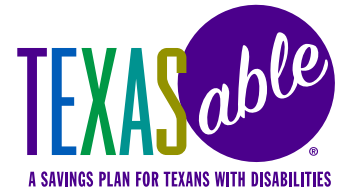


# Limited Power of Attorney



**| PLEASE READ THE IMPORTANT INFORMATION BELOW**

**Instructions** – This is an important legal document. This form authorizes your Agent to act on your Texas ABLE® account on your behalf, including choosing investments and making withdrawals. You and your Agent must sign this form before a notary. If you have questions about this form or the authority you are granting to your Agent, you should consult an attorney before signing.

**NOTE:** Please retain a copy of this form for your records. You may be asked to submit it at a later date. We will not return this form after our review.

Type in the information below or print clearly, using uppercase letters with blue or black ink.

**Please mail or upload the completed form and any required documents.**

**To Upload:**

Log into your account at [access.TexasABLE.org](https://access.TexasABLE.org), select the Document tab at the top of your home page and click UPLOAD Documents.

**To Mail:**

Texas ABLE Program  
P.O. Box 44035  
Jacksonville, FL 32231

**Questions?** Call us at **844-4TX-ABLE (844-489-2253)**, Monday through Friday from 8am to 6pm, Central Time.

**1 | TEXAS ABLE BENEFICIARY GRANTING LIMITED POWER OF ATTORNEY**

_____ <b>Name</b> (first, middle initial, last)		_____ <b>Date of Birth</b> (mm/dd/yyyy)
_____ <b>Social Security Number or Taxpayer ID</b>		_____ <b>Email Address</b>
_____ <b>Street Address</b>		_____ <b>Phone</b> (area code and number)
_____ <b>City</b>	_____ <b>State</b>	_____ <b>Zip Code</b>

## 2 | REPRESENTATIVE APPOINTED TO ACT ON BEHALF OF THE BENEFICIARY (AGENT)

\_\_\_\_\_  
Name (first, middle initial, last)

\_\_\_\_\_  
Date of Birth (mm/dd/yyyy)

\_\_\_\_\_  
Relationship to Beneficiary

\_\_\_\_\_  
Social Security Number or Taxpayer ID

\_\_\_\_\_  
Phone (area code and number)

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

## 3 | FIRST SUCCESSOR AGENT (OPTIONAL)

\_\_\_\_\_  
Name (first, middle initial, last)

\_\_\_\_\_  
Date of Birth (mm/dd/yyyy)

\_\_\_\_\_  
Relationship to Beneficiary

\_\_\_\_\_  
Social Security Number or Taxpayer ID

\_\_\_\_\_  
Phone (area code and number)

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

## 4 | SECOND SUCCESSOR AGENT (OPTIONAL)

\_\_\_\_\_  
Name (first, middle initial, last)

\_\_\_\_\_  
Date of Birth (mm/dd/yyyy)

\_\_\_\_\_  
Relationship to Beneficiary

\_\_\_\_\_  
Social Security Number or Taxpayer ID

\_\_\_\_\_  
Phone (area code and number)

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

I, the Beneficiary named above, appoint the Agent named above as my true and lawful agent and attorney-in-fact for the purposes of administering my Texas ABLE account. If that Agent dies, becomes incapacitated, resigns, or refuses to act, I name the First Successor Agent named above as Agent, if any. If the First Successor Agent dies, becomes incapacitated, resigns, or refuses to act, I name the Second Successor Agent named in above as Agent, as applicable. I acknowledge that I am the owner of the Texas ABLE account and the named Agent is authorized to act on my behalf and solely for my benefit when administering my Texas ABLE account and that this power of attorney is limited to this account. My Agent has the power and authority to do and perform every act necessary and proper in connection with my Texas ABLE account, as fully as I could do personally, including signatory authority, but cannot acquire any beneficial interest in the account or funds during my lifetime. I understand that it is my responsibility to notify Texas ABLE if my Agent of record should be changed to a Successor Agent because of incapacitation, resignation, or a refusal to act. I further acknowledge that I am ultimately responsible for the accuracy of any information and documents submitted on my behalf by my Agent. I understand that the Program may act under this limited power of attorney until my written revocation, my death, the closure of my Texas ABLE account, or entry of judgment by an appropriate court. I understand that revocation of this limited power of attorney is not effective until the Program receives written notice in a format acceptable to the Program. I agree that any third party who receives a copy of this document may act under it. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney. This limited power of attorney is effective immediately upon signing, and is not affected by my subsequent incapacity, if any such incapacity should occur.

X

\_\_\_\_\_  
Signature of Beneficiary

\_\_\_\_\_  
Date

**Notary Public Details:**

*Affix notary public seal here*

\_\_\_\_\_  
Notary Public's Name (first, middle initial, last)

\_\_\_\_\_  
Title

X

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Date

I, the Agent named above, accept this appointment as the agent or attorney-in-fact for the Beneficiary named above. I agree to exercise the powers granted here in accordance with applicable state and federal laws. I understand that I may not have or acquire any beneficial interest in the account during the Beneficiary's lifetime and I agree to administer the account for the exclusive benefit of the Beneficiary.

X

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Date

**Notary Public Details:**

*Affix notary public seal here*

\_\_\_\_\_  
Notary Public's Name (first, middle initial, last)

\_\_\_\_\_  
Title

X

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Date

The Texas ABLE® Program ("Program") is administered by the [Texas Prepaid Higher Education Tuition Board](#) ("Board"). Orion Advisor Solutions, Inc. is the manager of the Program, which is distributed by Northern Lights Distributors, LLC and maintained by Catalis Regulatory and Compliance, LLC, neither of which are affiliated with Orion. The Program and the Board do not provide legal, financial, benefit, or tax advice and you should consult a legal, financial, benefit, or tax advisor before participating.

An account could lose money including the principal invested. Other than the Bank Savings Account option, accounts are not insured or guaranteed by the FDIC. No part of an account is a deposit or obligation of, or is guaranteed or insured by, the Board, the state of Texas, or any agency or agent thereof. Interests in the Program have not been registered with or approved by the SEC or any state. Investors should carefully consider the tax consequences, impact on benefit eligibility, Medicaid recapture, investment objectives, risks, fees, charges, and expenses associated with the Program. The Board may suspend, modify, or terminate the Program or change investment approaches, offerings, and/or underlying investment funds at any time and without the consent of account owners, authorized legal representatives, or beneficiaries. The [Program Disclosure Statement and Participation Agreement](#) contain this and other important information about the Program and may be obtained by visiting [TexasABLE.org](#) or calling 844-4TX-ABLE (844-489-2253). Investors should read the Program Disclosure Statement and Participation Agreement, and all other Program documents carefully before investing.

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