



# Limited Power of Attorney

**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. Also, we will not return this form after our review.**

## Texas ABLE Beneficiary Granting Limited Power of Attorney

First and Last Name	Social Security Number
Date of Birth (mm-dd-yyyy)	Email address
Address (Street)	Phone (Area code and number)
City, state, and ZIP code	

## Representative Appointed to Act on Behalf of the Beneficiary (Agent)

First and Last Name	Date of Birth (mm-dd-yyyy)		
Relationship to Beneficiary	Social Security Number		
Address (Street)	Phone (Area code and number)		
City, state, and ZIP code	Email address		

## First Alternate Successor Agent (OPTIONAL)

First and Last Name	Date of Birth (mm-dd-yyyy)		
Relationship to Beneficiary	Social Security Number		
Address (Street)	Phone (Area code and number)		
City, state, and ZIP code	Email address		

**Second Alternate Successor Agent (OPTIONAL)**

First and Last Name		Date of Birth (mm-dd-yyyy)	
Relationship to Beneficiary		Social Security Number	
Address (Street)		Phone (Area code and number)	
City, state, and ZIP code		Email address	

I, the Beneficiary named above, appoint the named Agent as my true and lawful agent and attorney-in-fact for the purposes of administering a Texas ABLE account on my behalf. If my Agent dies, becomes incapacitated, resigns, or refuses to act, I name the Successor Agent as Agent. If the Successor Agent dies, becomes incapacitated, resigns, or refuses to act, I name the 2<sup>nd</sup> Successor Agent as Agent. 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 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 that account. 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.

Beneficiary's Signature	Date
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STATE OF _____	
COUNTY OF _____	
This document was acknowledged before me on _____ (date) by _____ (Full Name).	
SIGNATURE _____	Date: _____ (mm/dd/yyyy)
Name of Notary _____	<b>Notary to place seal here</b>
My commission expires:	

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 the applicable state and federal laws. I understand that I may not have nor 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.

Agent's Signature	Date
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STATE OF _____	
COUNTY OF _____	
This document was acknowledged before me on _____ (date) by _____ (Full Name).	
SIGNATURE _____	Date: _____ (mm/dd/yyyy)
Name of Notary _____	<b>Notary to place seal here</b>
My commission expires:	