



Durable Limited Power of Attorney ABLEnow Account

Name of Designated Beneficiary on ABLEnow Account: _____

By signing this Limited Power of Attorney, I _____
(Print Name of Principal)

("Principal") appoint _____ as my Attorney-in-Fact/Agent with
(Print Name of Attorney-in-Fact/Agent)

full power and authority as follows:

1. **Grant of Power to Engage in ABLEnow Account Transactions.** I give and grant, and have the legal capacity to grant, to my Attorney-in-Fact/Agent the power to act on behalf of the Designated Beneficiary identified above with respect to the ABLEnow account referenced above (if any) or an ABLEnow Account to be established at the ABLEnow Account Custodian for the benefit of the Designated Beneficiary identified above, such power to be used for the benefit of the Designated Beneficiary and to be exercised by my Attorney-in-Fact/Agent only in a fiduciary capacity. Specifically, my Attorney-in-Fact shall have the power to:
 - (a) Deposit or invest funds owned wholly or partly by me in the above referenced ABLEnow Account;
 - (b) Withdraw, now or in the future, any funds from the above referenced ABLEnow Account for the benefit of the Designated Beneficiary;
 - (c) Select the investment option(s) in accordance with the terms provided by the Plan in regards to the ABLEnow Account;
 - (d) Change the Designated Beneficiary of the above-referenced ABLEnow Account in accordance with Section 529A of the Internal Revenue Code; and
 - (e) Make representations and certifications on behalf of the Designated Beneficiary and to otherwise manage and enter into all other lawful transactions with respect to the above referenced ABLEnow account that I could perform if present.
2. **Disability of Depositor.** This Limited Power of Attorney will not be affected by my subsequent incapacity or disability. It is my intention that all powers conferred upon the Attorney-In-Fact/Agent shall remain in full force and effect at all times regardless of my incapacity or disability.
3. **Revocation.** Any grant of a durable power of attorney made by me subsequent to the date of execution of this Limited Power of Attorney shall not revoke this Limited Power of Attorney, unless the subsequent durable power of attorney contains a statement to the contrary and specifically refers to this Limited Power of Attorney by its date. In case of the death, disability or incompetence of the Principal, this authorization shall continue and the Account Custodian and the Virginia College Savings Plan (the "Plan") or any of their respective affiliates shall not be responsible for any action taken on the basis of this Limited Power of Attorney until the Program Manager of the Plan (Virginia529 College Savings Plan) has received written notice thereof addressed to the Plan and delivered to Attn: 9001 Arboretum Parkway, North Chesterfield, VA 23236. Such revocation shall not affect any liability in any way resulting from transactions initiated prior to Account Custodian, the Plan or the Program Manager acting on such revocation within a reasonable amount of time.
4. **Interpretation and Governing Law.** This instrument is to be construed and interpreted as a durable Limited Power of Attorney for ABLENow Account transactions. The ABLENow Account will be governed by the laws of the Commonwealth of Virginia. This instrument will be governed by the laws of the Commonwealth of Virginia, regardless of where I reside and execute this instrument, in accordance with Code of Virginia §§ 64.2-1604 and 64.2-1605.
5. **Indemnification.** I agree to and do hereby indemnify Account Custodian and hold it harmless from all loss, damage and cost arising by reason of any acts done or omitted or transactions entered into by the Attorney-In- Fact/Agent.



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6. Photocopy. Any person relying on this Limited Power of Attorney may rely on a photocopy as if it were an original.

Signature Section: Principal

WITNESS:

Print Name of Principal:

Signature of Principal

Date:

STATE OF)
) ss:
COUNTY OF)

On this day of , 20 , before me, the undersigned, personally appeared , who, I am satisfied, is the person who signed the foregoing instrument, and he/she did acknowledge that he/she signed, sealed and delivered the same as his/her voluntary act and deed, for the uses and purposes expressed in this instrument.

Notary Public Seal

Notary Public

My Commission Expires:

Signature Section: Attorney-in-Fact/Agent

WITNESS:

Print Name of Attorney-in-Fact:

Signature of Attorney-in-Fact/Agent

Date:

Attorney-in-Fact/Agent DOB:

Attorney-in-Fact/Agent SSN:

Address of Attorney-in-Fact/Agent:

STATE OF)
) ss:
COUNTY OF)

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Notary Public Seal

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My Commission Expires: