

Important information about this form:

- Fill out this form to change the name of the Beneficiary or the Authorized Legal Representative for this ABLE account.
- If you're an Authorized Legal Representative managing more than one account with a name change, you'll have to fill out a separate form for each one.
- The Beneficiary or the Authorized Legal Representative must sign this form.
- A name change requires a notarization acknowledgement in **Step 4**.
- The name associated with the ABLE account must match the first and last name on the bank account connected to it. If you are making a change of name, you might also have to update your bank account information.
- Sign the form using the name of the Authorized Signer on file.

Need help?

Give us a call Monday – Friday
from 9am – 8pm ET at
1-844-394-2253

Individuals with speech or hearing disabilities may dial **711** to access Telecommunications Relay Service (TRS) from a telephone or TTY.

Mail the form to:

ABLE for ALL Savings Plan
PO Box 534430
Pittsburgh, PA 15253- 4430

Overnight Mail:

ABLE for ALL Savings Plan
Attention: 534430
500 Ross Street, 154-0520
Pittsburgh, PA 15262

Fax:

833-286-8167

1 ABLE account information

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

____ _ - ____ _ - ____ _
Beneficiary's Social Security or Taxpayer Identification Number

____ _ - ____ _ - ____ _ - ____ _
ABLE for ALL Savings Plan account number

2 Tell us about the name change

If you need to make a name change for both the Beneficiary and the Authorized Legal Representative, you will need to fill out two separate forms. Both forms will require a notarization acknowledgement.

This change is for: Beneficiary Authorized Legal Representative

New name (First and last)

Reason for change: Marriage Divorce Other: _____

3 Sign the form

By signing this form, you're confirming the information you've provided is true for the change of name.

Signature of Beneficiary or Authorized Legal Representative

Date (mm/dd/yyyy)

4 A notarization acknowledgement is required for a name change

Keep in mind that:

- You're providing the following information as underwritten certification that your signature is genuine.
- You cannot guarantee your own signature. If you're an Authorized Legal Representative, you may be required to provide proof of your authority to act on behalf of the ABLE account.

Only sign if you are in the presence of a notary public or other officer providing notarization.

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 Beneficiary or Authorized Legal Representative

State of _____, County of _____

This instrument was acknowledged before me

physical presence online notarization

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