



PA ABLE

# Account Information Change Form

- Use this form to change: name, mailing address, phone number, email address, Authorized Individual, or interested party information.
- You may also use this form to transfer assets to a new Account Owner. Please note, the new Account Owner must be an Eligible Individual and a Member of the Family of the existing Account Owner as defined in the PA ABLE Disclosure Documents. Eligible Individuals may only have one ABLE account nationwide.
- If you are changing your name, you must also provide a copy of an official document that changes your name certified within 60 days of this request. (i.e. Marriage Certificate, Divorce Decree, etc.)
- If you are changing the Account Owner of an existing account, your signature must be Medallion Signature Guaranteed in **Section 10** by an authorized officer of a bank, broker, or other qualified financial institution, and the new Account Owner must include an **Enrollment Form** if an account is not already established.
- Type or print clearly, printing in capital letters and black ink. Please mail the form to the Plan. Do not staple.

Forms can be downloaded from our website at **www.PAABLE.gov**, or you can call us to order any form — or request assistance in completing this form — at **1.855.529.ABLE (2253)** any business day from 8 a.m. to 5 p.m. ET.

 **1.855.529.ABLE (2253)**  
8 a.m. to 5 p.m. ET M-F

 **www.PAABLE.gov**

 **info@PAABLE.gov**

Regular mailing address:  
**PA ABLE**  
**P.O. Box 219414**  
**Kansas City, MO 64121**

Overnight mailing address:  
**PA ABLE**  
**920 Main Street, Suite 900**  
**Kansas City, MO 64105**

## 1. Current Account Owner information

—

Account Number

Name of Account Owner (*first, middle initial, last*)

—    —

Telephone Number

## 2. Information to update or change

- Update Account Owner information — **Section 3 and 9**
- Transfer assets to a new Account Owner — **Section 4, 9 and 10**
- Update Authorized Individual information — **Section 5 and 9**
- Change Authorized Individual to new person — **Section 5 and 9**
- Update Delivery Method — **Section 6 and 9**
- Update interested party information — **Section 7 and 9**
- Change in eligibility basis or status — **Section 8 and 9**



\* PA ABLE ACCT INFO CHANGE \*

### 3. Update Account Owner information

- If you are changing your name and/or contact information, provide the new information exactly as you would like it to appear on your PA ABLE account. You do not need to enter information that will not be changed.
- If you are changing your name, you must also provide a copy of an official document that changes your name certified within 60 days of this request (*i.e. Marriage Certificate, Divorce Decree, etc.*).

Name of Account Owner (*first, middle initial, last*)Permanent Street Address (*P.O. boxes are not acceptable.*)

City

State

Zip Code

Account Mailing Address if different from above (*This address will be used as the account's address of record for all account mailings.*)

City

State

Zip Code

Telephone Number

### 4. Transfer assets to a new Account Owner

- This will transfer ownership of all of the assets in the referenced Account to the new Account Owner listed below.
- If you transfer ownership, you must also provide a Medallion Signature Guarantee in **Section 10**.
- The new Account Owner must also complete an **Enrollment Form** if the new Account Owner does not have an Account on file.

Account Number (*If applicable*)Name of New Account Owner (*first, middle initial, last*)Social Security Number or Taxpayer Identification Number (**Required**)Birth Date/Trust Date (*mm/dd/yyyy*) (**Required**)



### 6. Update delivery method:

By selecting e-delivery, you confirm that you are able to receive email messages containing electronic documents, or email notices that electronic documents are available for viewing online. You may provide, update or remove your email address at any time by accessing your Account. In addition, by electing e-delivery notification for statements, plan disclosure document updates and confirmations, your Quarterly Account Maintenance Fee will be discounted by \$3.75. If you plan to or have invested in the Checking Option, you will need to log into [www.53.com](http://www.53.com) to change your delivery preferences. By selecting electronic statement delivery you will be eligible to receive a waiver of the monthly fee of \$2.00. To update your statement delivery preferences for you Checking Option, please log into [www.53.com](http://www.53.com) once you obtain your free debit card.

Please note, by electing e-delivery below you also elect electronic notification of tax forms. If you wish to receive paper tax forms you can log in to your account at [www.PAABLE.gov](http://www.PAABLE.gov) and update the delivery settings for tax forms only and still be eligible for the \$3.75 discount. If you wish to receive your year-end statement via paper delivery, you can log in to your account at [www.PAABLE.gov](http://www.PAABLE.gov) and update the delivery settings accordingly and still be eligible for the \$3.75 discount.

**E-Delivery**

**Paper Delivery**

**IMPORTANT:** If an email is returned as “undeliverable,” we’ll attempt to resend it. If the notice continues to be undeliverable after multiple attempts, your delivery preference will be changed to paper and statements, confirmations, tax forms and other correspondence will be delivered to you via U.S. Mail. Your e-delivery fee waiver of \$3.75 per quarter will be discontinued. We reserve the right to discontinue electronic delivery at any time.

Email Address

### 7. Update Interested party information

Complete this section if you want to add an individual as an interested party to the account. An interested party will be able to call the Plan, receive information verbally about the account and receive quarterly statements. An interested party will not be allowed to make changes to the account or request transactions. You can also use this section to replace or change existing interested party information on your account. To add or change information for more than one interested party, use a separate sheet.

**Check one.**

Add           Replace interested party           Change current information           Delete

Name (first, middle initial, last)

Mailing Address

City

State

Zip Code

Telephone Number (In case we have a question about your account.)

**Relationship to Account Owner.**

Investment Advisor           Parent/Guardian           Other

## 8. Change in eligibility basis or status

**Please select the Account Owner's disability, the onset of which occurred prior to their 26th birthday:**

*(The following information is required by the federal government and will only be used for aggregate reporting purposes.*

*Report only one primary code number for an Account Owner. If more than one code applies, select the most significant code.)*

- Code 1** - Developmental Disorders: Autistic Spectrum Disorder, Asperger's Disorder, Developmental Delays and Learning Disabilities
- Code 2** - Intellectual Disability: May be reported as mild, moderate, or severe intellectual disability
- Code 3** - Psychiatric Disorders: Schizophrenia, Major depressive disorder, Post-traumatic stress disorder (PTSD), Anorexia nervosa, Attention deficit/hyperactivity disorder (AD/HD), Bipolar disorder
- Code 4** - Nervous Disorders: Blindness, Deafness, Cerebral Palsy, Muscular Dystrophy, Spina Bifida Juvenile-onset Huntington's disease, Multiple sclerosis, Serve sensorineural hearing loss, Congenital cataracts
- Code 5** - Congenital Anomalies: Chromosomal abnormalities, including Down Syndrome, Osteogenesis imperfecta, Xerodermatic pigmentosum, Spinal muscular atrophy, Fragile X syndrome, Edwards syndrome
- Code 6** - Respiratory Disorders: Cystic Fibrosis
- Code 7** - Other: Includes Tetralogy of Fallot, Hypoplastic left heart syndrome, End-stage liver disease, Juvenile-onset rheumatoid arthritis, Sickle cell disease, Hemophilia, and any other disability not listed under Codes 1 - 6

**Basis under which ABLE eligibility is asserted:** *(Select only one)*

- The Account Owner is entitled to Supplemental Security Income benefits under Title XVI of the Social Security Act. *(SSI Benefits Eligibility)*
- The Account Owner is entitled to Social Security Disability benefits under Title XVI of the Social Security Act. *(SSDI Benefits Eligibility)*
- The Account Owner self-certifies that he or she meets the Disability Certification requirement, including possessing a written disability-related diagnosis signed by a physician who meets Social Security Act criteria. *(Certification Eligibility)* Please **DO NOT** submit your written disability-related diagnosis, only check this box and keep your diagnosis documentation with you.

**9. Signature — YOU MUST SIGN BELOW**

- I certify that I have read, understand, consent, and agree to all the terms and conditions of the PA ABLE Disclosure Documents and understand the rules and regulations governing PA ABLE as they relate to this information change request.
- Please note that if you transfer your assets to a new Account Owner, that Account Owner must be eligible to open a PA ABLE account, and be a Member of the Family, as defined in the PA ABLE Disclosure Documents, and that they may only have one ABLE account nationwide.
- By signing below, I authorize the Program Manager or its designee to change my account information according to the instructions above.
- If I am an Authorized Individual, I certify that I am authorized to act on behalf of the Account Owner in making this request. If the account is owned by an minor, I further certify that I am the Parent or Guardian or Authorized Individual of the account.

SIGNATURE

Signature of Account Owner or Authorized Individual

□□ — □□ — □□□□

Date (mm/dd/yyyy)

SIGNATURE

Signature of Co-Authorized Individual (Only if applicable)

□□ — □□ — □□□□

Date (mm/dd/yyyy)

**10. Medallion Signature Guarantee — REQUIRED FOR TRANSFERS ONLY.**

- You must provide the following information as underwritten certification that your signature is genuine.
- You can obtain a Medallion Signature Guarantee from an authorized officer of a bank, broker, or other qualified financial institution. A notary public cannot provide a Medallion Signature Guarantee, nor can you guarantee your own signature.
- **Do not sign below until you are in the presence of the authorized officer providing the Medallion Signature Guarantee.**

I certify that the information provided herein is true and complete in all respects, and that I have read and understand, consent, and agree to all the terms and conditions of the PA ABLE Disclosure Documents.

SIGNATURE

Signature of Account Owner or Authorized Individual (In the presence of the authorized officer.)

Signature of Guarantor

Title

Name of Institution

□□ — □□ — □□□□

Date (mm/dd/yyyy)

**Authorized Officer to place stamp here**

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