

### Important information about this form:

- Fill out this form with the new bank account you want to connect to this ABLE for ALL Savings Plan account.
- If you want to sign up for automatic monthly transfers or direct deposits, fill out this form and attach a voided check. (Use a paper clip.)
- The last name of the Beneficiary or the Authorized Legal Representative needs to be associated with any bank accounts connected to the ABLE account.
- You can have a maximum of two bank accounts connected to the ABLE account.
- You can't make withdrawals for 30 days when you add/change banking information, unless either this form or the **Withdrawal Request Form** includes a Medallion Signature Guarantee (seen in **Step 5** on this form).

### Need help?

Give us a call Monday – Friday from 9am – 8pm ET at **1-844-394-ABLE** or **1-844-888-ABLE (TTY)**

### Mail the form to:

ABLE for ALL Savings Plan  
P.O. Box 9891  
Providence, RI 02940-8091

### Overnight Mail:

ABLE for ALL Savings Plan  
4400 Computer Drive  
Westborough, MA 01581

### Want to do this quicker?

If you signed up online, you can make these changes from your Account. Go to [ABLEforALL.com](http://ABLEforALL.com)

## 1 What ABLE account is this for?

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

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

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
ABLE for ALL Savings Plan number

## 2 Tell us what type of change you want to make

- Update existing bank information
- Add a new bank (You can have a max of 2)

### 3 Fill out the bank account information

If you choose to make regular deposits and withdrawals with an ACH bank transfer, attach a voided check or copy of your bank statement showing the name, address, last 4 digits of the account number and complete the bank information below. (Please do not staple, use a paper clip for the check).

\_\_\_\_\_

**Name on Bank Account**  
The last name on the bank account needs to be the same as either the Beneficiary or the Authorized Legal Representative.

Bank Account Type     Checking     Savings

\_\_\_\_\_

Bank Name

\_\_\_\_\_

Bank Routing Number

\_\_\_\_\_

Bank Account Number

**Need help?**  
You can find your bank information on the bottom of one of your checks here:

|                   |                   |        |
|-------------------|-------------------|--------|
| ⑆000000000        | ⑆ 00000000000     | ⑆ 1000 |
| Routing<br>Number | Account<br>Number |        |

### 4 Sign the form

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

You can't make withdrawals for 30 days following the addition or change of bank information unless this form or the **Withdrawal Request Form** includes a Medallion Signature Guarantee.

\_\_\_\_\_

Signature of Beneficiary or Authorized Legal Representative

\_\_\_\_\_

Date (mm/dd/yyyy)

## 5 A Medallion Signature Guarantee is required for a bank change

If you want to avoid a 30-day hold period associated with the additional or change in bank information, then please have your signature guaranteed below.

**Keep in mind that:**

- You're providing the following information as underwritten certification that your signature is genuine.
- You can get a Medallion Signature Guarantee from an authorized officer of a bank, broker, or other qualified financial institution. A notary public doesn't qualify, and you cannot guarantee your own signature. 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 an 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 Program Disclosure Statement.

\_\_\_\_\_  
Signature of Beneficiary or Authorized Legal Representative

\_\_\_\_\_  
Signature Guarantor

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name of Institution

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

**Have the Authorized Officer stamp here**