

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.
- The first and 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't make withdrawals for 30 days when you add/change banking information, unless either this form or the **Withdrawal 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
1-844-394-2253 or
1-844-888-2253 (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

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 what type of change you want to make

(Please select one)

- Update existing bank information
- Add a new bank

3 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).

Bank account type Checking Savings




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

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 Number	Account 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 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 **Plan Disclosure Booklet**.

Signature of Beneficiary or Authorized Legal Representative

Signature Guarantor

Title

Name of Institution

Date (mm/dd/yyyy)

Have the Authorized Officer stamp here