

Bank Add/Change Request Form

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 10 days when you add/change banking information, unless either this form or the **Withdrawal Form** includes a notarization acknowledgement (seen in **Step 5** on this form).

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	

Tell us what type of change you want to make

(Please select one)

Update existing bank information

Add a new bank

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 P.O. 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

Want to do this quicker?

If you signed up online, you can make these changes from your Account. Go to ABLEforALL.com





of your bank statement	showing the name, a	withdrawals with an ACH bank transfer, attach a voided che address, last 4 digits of the account number and complete the apper clip for the check).
Bank account type	Checking	Savings
Name on bank account	: n the bank account	
needs to be the same as the Authorized Legal Rep	either the Beneficiar	y or
needs to be the same as	either the Beneficiar	Need help?
needs to be the same as the Authorized Legal Rep	either the Beneficiar	

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 10 days following the addition or change of bank information unless this form or the **Withdrawal Form** includes a notarization acknowledgement.

Signature of Beneficiary or Authorized Legal Representative

Date (mm/dd/yyyy)







A notarization acknowledgement is required to avoid a 10-hold period

If you want to avoid a 10-day hold period associated with the addition or change in bank information, please have your signature notarized below.

Keep in mind that:

- You're providing the following information as underwritten certification that your signature is genuine.
- 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 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 Day (#) Month	,20 Year	
Signature of Beneficiary or Authorized Legal Representative		
State of County of		
This instrument was acknowledged before me		
physical presence online notarization	Notary Pub	olic (Seal)
on Date (mm/dd/yyyy)		
byName of person (First and last)		
My term expires:		
Date (mm/dd/yyyy)		
Signature of Notary Public		

