

### Important information about this form:

- Fill out this form to verify the relationship between an adult Beneficiary (who has reached the age of majority\*) and the Authorized Legal Representative of the ABLE account.
- Please include a copy of one of the following: Power of Attorney, Legal Guardianship or Conservatorship documentation.
- Once your relationship to the Beneficiary is verified, you can start using the ABLE account.
- Type or print clearly in black ink, and do not staple the pages.

### 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

## 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 (Leave this blank if you're enrolling into a new account)

\* The age of majority for most states is 18, with the following exceptions: Alabama (19), Mississippi (21), Nebraska (19).

## 2 Verify the relationship

You need to provide documentation for verification to establish the relationship between the adult Beneficiary and the Authorized Legal Representative of the ABLÉ account. The document should reflect the decision that allows you to make financial decisions in the best interest of the Beneficiary as their Authorized Legal Representative.

**Please include copies of all the pages of the document you submit. The documentation will not be returned.**

What's your relationship to the Beneficiary? (Please select one)

- |  |   |   |
|--|---|---|
| <p><input type="radio"/> <b>Power of Attorney</b><br/>I have the Power of Attorney to open and manage an ABLÉ account for the Beneficiary.<br/>Provide a copy of the following:</p> <ul style="list-style-type: none"><li>• Signed durable Power of Attorney</li></ul> | <p><input type="radio"/> <b>Legal Guardian</b><br/>The Beneficiary does not have a Power of Attorney pertaining to this ABLÉ account, and I am their legal guardian.<br/>Provide a copy of <u>one</u> of the following:</p> <ul style="list-style-type: none"><li>• Court Order</li><li>• Guardianship Order</li><li>• Letter of Guardianship</li></ul> | <p><input type="radio"/> <b>Conservator</b><br/>The Beneficiary does not have a Power of Attorney pertaining to this ABLÉ account and I have been appointed conservator.<br/>Provide a copy of <u>one</u> of the following:</p> <ul style="list-style-type: none"><li>• Court Order</li><li>• Conservatorship Order</li><li>• Letter of Conservatorship</li></ul> |
|--|---|---|

## 3 Sign the form

I certify under the penalties of perjury that the relationship document is a true copy and at the time I sent it, I had no actual knowledge or actual notice of the revocation or termination of the relationship by death or otherwise, or notice of facts indicating same. The Beneficiary is alive, has not repudiated the relationship and the relationship document is still in full force and effect.

\_\_\_\_\_  
Signature of Authorized Legal Representative

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