

Important information about this form:

- A separate form is needed for each ABLE account.
- The Beneficiary or the Authorized Legal Representative must sign this form.
- Keep in mind that all communications are sent to the mailing address listed on the ABLE account.
- You can't make withdrawals by check for 15 days following the change of your address unless either this form or the **Withdrawal Form** includes a notarization acknowledgement (**Step 5**).

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
PO 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

1 ABLE account information

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

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

____ _ - ____ _ - ____ _
ABLE for ALL Savings Plan account number

2 Which addresses do you want to change?

(Select all that apply if the addresses are the same)

- The Beneficiary's residential address
- Mailing address
- The ALR's residential address
- The ALR's mailing address

3 New address

If you're updating the Beneficiary's or ALR's address, it cannot be a P.O. box.

_____		_____	
Street address 1		Street address 2	
_____		_____	
City	State	ZIP Code	

Telephone number			

4 Sign the form

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

You can't make withdrawals by check for 15 days following the change of your address unless either this form or the **Withdrawal Form** include a notarization acknowledgement.

_____	_____
Signature of Beneficiary or Authorized Legal Representative	Date (mm/dd/yyyy)

5 Notarization acknowledgement

If you want to avoid a 15-day hold period for check withdrawals associated with a change in address, please have your signature notarized below.

Keep in mind that:

- If I am an Authorized Legal Representative, I certify that I am authorized to act on behalf of the Account Owner or the Beneficiary in making this request and that this request is in the best interest of the Beneficiary.
- By signing below, I authorize the Plan Manager or its designee to change the address according to the instructions above.

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 _____, 20____ .
Day (#) Month Year

Signature of Beneficiary or Authorized Legal Representative

State of _____, County of _____

This instrument was acknowledged before me

physical presence online notarization

on _____
Date (mm/dd/yyyy)

by _____
Name of person (First and last)

My term expires: _____
Date (mm/dd/yyyy)

Notary Public (Seal)

Signature of Notary Public