

Important information about this form:

- Use this form if the adult Beneficiary has reached the age of 19 and wishes to exercise signature authority and assume administrative duties on the account.
- If the Beneficiary is under the age of 19, please complete a Change Authorized Legal Representative Form instead.
- Before completing this form, carefully read the Plan Disclosure Statement & Participation Agreement.
- An eligible person can only have one ABLE account open at any time.
- Fill out the Bank Add/Change Request Form to make updates to the banking information if it's affected by removing the Authorized Legal Representative.
- The adult Beneficiary must provide a notarization acknowledgement.
- 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 1-800-439-1653

Individuals with speech or hearing disabilities may dial **711** to access Telecommunications Relay Service (TRS) from a telephone or TTY.

Mail the form to:

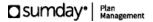
STABLE Account Plan P.O. Box 9671 Providence, RI 02940-9671

Overnight Mail:

STABLE Account Plan 4400 Computer Drive Westborough, MA 01581

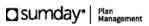
1 STABLE Account information

Name o	the Beneficiary on the STABLE Account (First and last)	
Benefic	ary's Social Security or Taxpayer Identification Number	
S T		
STABLE	Account number	





Beneficiary information		
//		
Date of birth (mm/dd/yyyy)		
Telephone number		
Residential address		
No P.O. boxes are accepted for a residential address.		
Street address 1	Street ad	dress 2
		_
City	State	ZIP Code





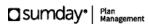
Mail	ling address				
20.	boxes are accepted for a mailing address.				
	Use the Beneficiary's residential address (Leave address information below blank))	s the mailing address			
Stre	et address 1	Street a	ddress 2		
City	,	State			
Ema					
	àil				
Cho	ose how you want to receive statements	and tax forms for al	I the accounts you manage		
		and tax forms for al	I the accounts you manage		
	ose how you want to receive statements				
	ose how you want to receive statements ase select one) Send digital tax forms, account informati	on and quarterly sta	tements by email		
	Send digital tax forms, account informati (Please answer Step 3A below) Send digital quarterly statements and account informating (Please answer Step 3A below)	on and quarterly stated	tements by email email, but send tax forms by U.S. mail*		

^{*} All documents sent by U.S. mail will be mailed to the account's mailing address.





4		rk information of the Ber		-	ount is	being	funded.
	Wha	t is the Beneficiary's work sta	tus? (l	Please select one)			
		Employed Self-Emp	loyed	Retired or Not Workin	ng —		
\					•		
A		t's your occupation (Please selver if employed or self-employ		ne)	B		se choose all of your sources come (Select all that apply)
		Accounting/Auditing		Hospitality/Food		Ansv	ver if retired or not working:
		Admin/Clerical	\bigcirc	Independent Investor			Retirement Savings Spousal Support
	\bigcirc	Art/Antiques Dealer	\bigcirc	Information Technology			Social Security or Pension
	\bigcirc	Banking Professional	\bigcirc	Insurance			Other Government Services
	\bigcirc	Car/Boat/Airplane Dealer	\bigcirc	Legal Services			Other:
		Casino/Gaming	\bigcirc	Manufacturing/Production			other.
		Construction/Skilled Trade	\bigcirc	Nonprofit Executive			(Please write in all other
		Creative/Design/ Architectural		Operations			sources)
	\bigcirc	Defense/Military	\bigcirc	Other:			
		Editorial/Writing/Publishing Education		(Please write in your occupation)			
		Elected Official/Embassy		Public Service			
		Engineering/Science/R&D		Retail/Sales/Real Estate			
		Entertainment/Sports/Arts		Student			
	\bigcirc	Financial Services		Transportation/ Warehousing			
	\bigcirc	Health Care Professional					







Verify your identity

The Beneficiary must provide identification to prove their identity if they reached the age of 18 since opening the account.

How to provide identification

Acceptable ID Documentation

Option A

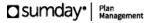
Option B

Include a copy of a Department of Motor Vehicles State ID

Include a copy of both your Social Security card and your

birth certificate

To help the government fight the funding of terrorism and money laundering, federal law requires us to obtain certain personal information: your name, address, date of birth, and Social Security number or taxpayer identification number and other information that will allow us to verify your identity. If we are unable to verify your identity, we may have to close your account or take other steps we think are necessary.







Sign the form

By signing below, I am agreeing to the terms and conditions set forth below and in the **Plan Disclosure Statement & Participation Agreement**. I understand and agree that those documents govern all aspects of this account and are incorporated herein by reference.

I will retain a copy of the **Plan Disclosure Statement & Participation Agreement** for my records. I understand that the STABLE Account program may, from time to time, amend the **Plan Disclosure Statement & Participation Agreement**, and I understand and agree that I will be subject to the terms of those amendments.

I certify that all of the information provided by me on this form is, and all information provided by me in the future will be, true, complete and correct and I authorize the Program to make this change based upon this information.

Additionally, I certify under penalty of perjury:

•	The Beneficiary's disability or blindness is expected to result in death last for a continuous period of not less than 12 months and that I will status of the beneficiary's disability or blindness (including any potent or blindness) promptly upon such occurrence.	notify the Program of any change to the
 Sig	gnature of adult Beneficiary	Date (mm/dd/yyyy)





A notarization acknowledgement is required for an adult Beneficiary - If applicable

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 STABLE Account.

The undersigned has read the foregoing in its entirety before signing. IN WITNESS WHEREOF, I have hereunto

Only sign if you are in the presence of a notary public or other officer providing notarization.

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 Public (Seal)	
on		
Date (mm/dd/yyyy)		
by		
Name of person (First and last)		
My term expires:		
Date (mm/dd/yyyy)		

