

Important information about opening, as the Entity ALR of the Beneficiary, a new ABLE account for the Beneficiary:

- Before completing this form, carefully read the Plan Disclosure Booklet and Participation Agreement.
- To become an Entity ALR, an Entity Authorized Legal Representative Establishment Form must be completed and submitted along with this form to open the first Entity ALR Beneficiary account.
- An eligible person can only have one STABLE Account open at any time.
- Fill out all required sections of this form to open, as the Entity ALR of the Beneficiary, a new Plan account for the Beneficiary.
- An initial contribution of at least \$25 is required to open a STABLE Account.
- The name of the Beneficiary or the Entity ALR must be associated with the title of the bank account, if a bank account is to be connected to the STABLE Account.
- Type or print clearly in black ink, and do not staple the pages or check.
- Please see the STABLE Plan Program Disclosure Booklet and Participation Agreement for current limits.
- If the Beneficiary is making an ABLE to Work contribution, additional contributions are permitted over and above the standard contribution limit.

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 534425
Pittsburgh, PA 15253- 4425

Overnight Mail:

STABLE Account Plan
Attention: 534425
500 Ross Street, 154-0520
Pittsburgh, PA 15262

Fax:

844-745-9612

1 Is this a rollover from another ABLE plan?

- Yes (Please also fill out one of the applicable **Rollover Forms** in addition to this form.)
- No

2 Beneficiary information

Name (First and last)

__ __ / __ __ / __ __ __ __
Date of birth (mm/dd/yyyy)

How does the Beneficiary identify? As she As he Chooses not to identify

__ - __ - __ - __ - __ - __ - __ - __ - __ - __ -
Social Security Number or Taxpayer Identification Number

__ - __ - __ - __ - __ - __ - __ - __ - __ - __ -
Telephone Number

Residential Address
PO boxes are **not** accepted for a residential address

Street address 1

Street address 2

City

State Zip code

3 Entity Authorized Legal Representative information

If the Beneficiary is not able to exercise signature authority over their ABLE account or chooses to establish a STABLE Account but not exercise signature authority, an Authorized Legal Representative may act on the Beneficiary's behalf with respect to the account. If an Authorized Legal Representative establishes a STABLE Account, the Authorized Legal Representative must self-attest/certify to the basis for acting as the Authorized Legal Representative and must also certify that there is no person with a higher priority.

The priority for opening an account as an ALR is as follows in this order: an individual selected by the eligible beneficiary with legal capacity, an individual's agent under a power of attorney, a conservator or legal guardian, a spouse, parent, sibling, grandparent, or a Social Security Administration representative payee (individual or organization). A person may self-attest/certify that they are authorized to open the STABLE Account and there is no other person higher in order willing to establish the account. According to Internal Revenue Service ("IRS") guidance, the Authorized Legal Representative may neither have, nor acquire, any beneficial interest in the STABLE Account during the Beneficiary's lifetime and must administer the STABLE Account for the benefit of the Beneficiary. Whenever an action is required to be taken by a Beneficiary in connection with a STABLE Account with an Authorized Legal Representative, it must be taken by the Beneficiary's Authorized Legal Representative acting in that capacity.

Name of Entity that will be serving as the ALR

Relationship to the Beneficiary? (Please select one)

The Entity ALR certifies under the penalties of perjury that the Entity ALR is the Beneficiary's:

- Attorney-in-Fact under Power of Attorney**
The Beneficiary has granted the Entity ALR Power of Attorney to open and manage an STABLE account for the Beneficiary. (Please provide a copy of the Power of Attorney document.)
- Legal Guardian**
The Beneficiary does not have a Power of Attorney pertaining to this STABLE account and the Entity ALR is their full legal guardian, or legal guardian of property. (Please provide a copy of the Guardianship document.)
- Conservator**
The Beneficiary does not have a Power of Attorney pertaining to this STABLE account and the Entity ALR has been appointed conservator. (Please provide a copy of the Conservatorship document.)
- Representative Payee**
The Beneficiary does not have a Power of Attorney pertaining to this STABLE account and the Entity ALR has been appointed representative payee.

Please read and confirm the attestation below by checking the box.

I am authorized to open this STABLE Account for the Beneficiary. If I am opening this account as the Beneficiary's guardian or conservator, I certify that I have been appointed by a court, that my appointment has not been revoked, and that my authority as guardian or conservator includes opening and managing this STABLE Account on behalf of the Beneficiary. If I am opening this account as the Beneficiary's Representative Payee, I certify that I have been appointed by the Social Security Administration as the Beneficiary's Representative Payee, that my appointment has not been revoked, and that I will immediately notify the STABLE Account Plan and take all necessary action if my appointment as Representative Payee ever changes. If I am an agent acting pursuant to a power of attorney, I certify that the Beneficiary is alive, that the Beneficiary has not revoked the power of attorney or my authority to act pursuant to the power of attorney, that my authority to act pursuant to the power of attorney has not been otherwise terminated, and that if the power of attorney was drafted to become effective upon the happening of an event or contingency, that the event or contingency has occurred.

____ - ____ - ____ - ____ - ____ - ____
Entity's Employer Identification Number

____ - ____ - ____ - ____ - ____ - ____
Telephone number

Entity's Address

PO boxes are **not** accepted for a residential address

Street address 1

Street address 2

City

____ - ____ - ____ - ____ - ____ - ____
State Zip code

4 Agents acting on behalf of the Entity ALR

Please list up to two agents, below, and provide the information requested for each Agent. The Entity ALR can change the employees assigned as Agents without needing to update the Beneficiary's legal documents. The Entity ALR can change Agent(s) by submitting an updated **STABLE Entity Authorized Legal Representative Establishment Form** with the new Agent(s) assignment.

Primary Agent's Information

The Primary Agent should be the employee who is going to be responsible for the day-to-day management of STABLE accounts legally managed by the Entity ALR.

Primary Agent's Name (First and last)

___ / ___ / _____

Date of birth (mm/dd/yyyy)

____ - ____ - _____

Social Security Number or Taxpayer Identification Number

____ - ____ - _____

Telephone Number

Primary Agent's Residential Address

PO boxes are **not** accepted for a residential address

Street address 1

Street address 2

City

State

____ - ____ - ____
Zip code

Secondary Agent's information

The Secondary Agent acts as a backup to the Primary Agent, in the event the Primary Agent is not available to manage the Entity ALR's STABLE accounts. The Secondary Agent can only contact our Call Center telephonically to make inquiries or transactions over the phone and will need to provide their Social Security Number for the Call Center representative to confirm their identity as the Secondary Agent.

Secondary Agent's Name (First and last)

__ / __ / _____

Date of birth (mm/dd/yyyy)

____ - ____ - _____

Social Security Number or Taxpayer Identification Number

____ - ____ - _____

Telephone Number

Secondary Agent's Residential Address

PO boxes are **not** accepted for a residential address

Street address 1

Street address 2

City

State

____ - ____ - ____ - ____ - ____
Zip code

5 Communication preferences

Mailing address

PO boxes **are** accepted for a mailing address.

- Use the Beneficiary's residential address as the mailing address
(Leave address information below blank)
- Use the Entity ALR's business address as the mailing address
(Leave address information below blank)
- Use the mailing address listed below:

Street address 1	Street address 2	
City	State	Zip Code

Choose how the Entity wants to receive statements and tax forms for all the accounts managed by the Entity (Please select one)

- Send digital tax forms, account information and quarterly statements by email
(Please answer **Step 5A** below)
- Send digital quarterly statements and account information by email, but send tax forms by U.S. mail*
(Please answer **Step 5A** below)
- Send quarterly statements, account information and tax forms by U.S. mail*
(You'll be charged \$20 per account, per year)

→ **A** **What email address should we use?**
 Answer if the Entity ALR chooses to receive items by email, and please provide an email address that is accessible to all of the active Agents assigned by the Entity ALR.

Entity ALR Email (accessible to all Agents acting on behalf of the Entity)

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

6 Diagnosis information

This information is needed to confirm the Beneficiary's eligibility for the STABLE program.

Which option applies to the Beneficiary? (Please select one)

I certify under the penalties of perjury that:

- The Beneficiary is entitled during the current year to Social Security Disability (SSDI) benefits based on blindness or disability under title II of the Social Security Act
- The Beneficiary is entitled during the current year to Supplemental Security Income (SSI) benefits based on blindness or disability under title XVI of the Social Security Act
- The Beneficiary
 - a. has a medically determinable physical or mental impairment that results in marked and severe functional limitation* and can be expected to result in death or has lasted or can be expected to last for a continuous period of at least 12 months; OR is blind†

AND

- b. has a signed diagnosis (see our **Physician's Form**) from a licensed physician‡ as to the condition described in (a)

I understand that I am required to retain such signed diagnosis and to provide it to the Plan or the IRS upon request, and I agree to do so.

* The Entity understands that "marked and severe functional limitation" means a functional limitation that meets, medically equals, or functionally equals the severity of any listing in appendix 1 of subpart P of 20 CFR part 404 (the "Listing"), but without regard to age. The Listing can be found at www.ssa.gov/OP_Home/cfr20/404/404-app-p01.htm. It further understands that the level of severity is determined by taking into account the effect of the Beneficiary's prescribed treatment.

† The Entity understands that, for purposes of eligibility for an ABLE account, "blind" means that the Beneficiary has central visual acuity of 20/200 or less in the better eye with the use of a correcting lens. An eye which is accompanied by a limitation in the fields of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees is considered to have a central visual acuity of 20/200 or less.

‡ IRS Guidance Under Section 529A dated 11/19/2020, page 39: "Section 529A(e)(2)(A)(ii) requires the individual's diagnosis to be signed by a physician meeting the criteria of section 1861(r)(1) of the Social Security Act, which means a doctor of medicine or osteopathy, a doctor of dental surgery or dental medicine, and, for some purposes, a doctor of podiatric medicine, a doctor of optometry, or a chiropractor."

Diagnosis Code (Please select one)

- Code 1: Developmental Disorder**
Autistic Spectrum Disorder, Asperger's Disorder, Developmental Delays and Learning Disabilities
- Code 2: Intellectual Disability**
Mild, moderate, or severe intellectual disability
- Code 3: Psychiatric Disorder**
Schizophrenia, Major depressive disorder, Post-traumatic stress disorder (PTSD), Anorexia nervosa, Attention deficit/Hyperactivity disorder (AD/HD) and Bipolar disorder
- Code 4: Nervous Disorder**
Blindness, Deafness, Cerebral Palsy, Muscular Dystrophy, Spina Bifida, Juvenile-onset Huntington's disease, Multiple sclerosis, Severe sensorineural hearing loss and Congenital cataracts
- Code 5: Congenital Anomalies**
Chromosomal abnormalities: Down Syndrome, Osteogenesis imperfecta, Xeroderma pigmentosum, Spinal muscular atrophy, Fragile X syndrome and Edwards syndrome
- Code 6: Respiratory Disorder**
Cystic Fibrosis
- Code 7: Other**
Anything not listed under codes 1-6 and Tetralogy of Fallot, Hypoplastic left heart syndrome, End-stage liver disease, Juvenile-onset rheumatoid arthritis, Sickle cell disease and Hemophilia

Is this disability permanent*? Yes No

The Entity ALR certifies under the penalties of perjury that:

- The Beneficiary developed the disability or blindness before the age of 46
- The Beneficiary has no other ABLE account
- The Plan will be notified by the Entity ALR of any changes to the permanence* of the Beneficiary's disability or blindness (including any potential cure for such disability or blindness) promptly upon such an occurrence

* Permanent/permanence is intended to mean a disability that "can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months" as set forth in Section 529A of the Internal Revenue Code.

7 Select an investment option

You can put your money in investment and cash options. For future contributions and withdrawals, you will be required to specify which investment and/or cash option to contribute or withdraw your funds.

Please read the **STABLE Account Savings Plan Disclosure Booklet** for important information about the cash and investment options before making a decision.

With an investment portfolio

- This portion of your money is usually set aside for longer term investment.
- There is a risk of losing money, even your contributions, but you may also gain money over time.
- Each option has varying degree of risk, going up and down in value depending on the market.
- It can take up to 5 – 7 business days to receive money once you start a withdrawal.
- Learn about the portfolio options: Growth, Moderate Growth, Conservative Growth, and Income in the **Plan Disclosure Statement** before you choose one in the next step.

With the STABLE Savings Option

- This portion of your money is usually set aside for short-term saving or on-going spending needs.
- There's low risk, but minimal or no interest.
- The account is FDIC insured up to the allowable amount.
- It can take up to 3 – 5 business days to receive money once you start a withdrawal.

The investment information on this page has been provided by Marquette Associates, the investment advisor for the STABLE Account Plan.

8 Contribution Information

There's a \$25 minimum contribution to open an account and you must contribute at least \$1 to each portfolio or fund you want to add money to. You can connect a bank account (**Step 9**) or include a check made out to STABLE Account.

You can select as many portfolios as you want to invest your contributions. You can view your portfolio allocations at any time or change your investment strategy up to twice per calendar year.

Please read the STABLE Account Plan Disclosure Statement & Participation Agreement for important information about the cash and investment options before making a decision.

Investment Options? (Please select at least one)

Growth Portfolio \$ ____ , ____ . ____
Amount

Moderate Growth Portfolio \$ ____ , ____ . ____
Amount

Conservative Growth Portfolio \$ ____ , ____ . ____
Amount
A portfolio of mutual funds intended to produce an overall investment exposure of approximately 20% stocks and 80% bonds.

Income Portfolio \$ ____ , ____ . ____
Amount

STABLE Savings Option \$ ____ , ____ . ____
Amount

\$ ____ , ____ . ____
Total contribution amount

* The investment information on this page has been provided by Marquette Associates, the investment advisor for the STABLE Account Plan.

9 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 Entity ALR.

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:

⋮0000000000⋮	000000000000000000000000	1000
Routing Number	Account Number	

10 Initial contribution information

You must add at least \$25 to open an account.

The amount will be taken out of the bank account you provided in **Step 9**. Please disregard if you are including a check made out to STABLE Account Plan.

Which type of contribution are you making? (Please select one)

Standard contribution
 See the STABLE Program Disclosure Booklet for the current yearly standard contribution limit.

ABLE to Work contribution
 If the Beneficiary is earning wages, they may contribute an amount equal to their gross income (see Program Disclosure Booklet for current limits) in addition to the yearly standard contribution limit.*

* If the Beneficiary or their employer is contributing to a defined contribution plan (401K), annuity plan (403(b)), or deferred compensation plan (457(b)) this calendar year, the Beneficiary is not eligible to make ABLE to Work contributions.

11 Monthly contribution information — If applicable

Skip this step if you don't want to set up a monthly contribution at this time. You can set up monthly contributions in the future online.

By setting up a monthly contribution, this will authorize us to initiate recurring ACH debits (direct withdrawals) from your bank account on the day you indicate of each month for the amount you set. You may cancel or change these recurring ACH debits (direct withdrawals) online or by using the Manage Monthly Contributions Form; however, we must receive your request at least 3 business days before you want it to become effective. We will continue to process transactions scheduled to occur before the end of the 3rd business day after you tell us to stop.

Withdrawal Day (1-28)

If you don't pick a date, we'll automatically deduct your contribution on the 1st of every month

Growth Portfolio \$ _____ , _____ . _____
Amount

Moderate Growth Portfolio \$ _____ , _____ . _____
Amount

Conservative Growth Portfolio \$ _____ , _____ . _____
Amount
A portfolio of mutual funds intended to produce an overall investment exposure of approximately 20% stocks and 80% bonds.

Income Portfolio \$ _____ , _____ . _____
Amount

STABLE Savings Option \$ _____ , _____ . _____
Amount

\$ _____ , _____ . _____
Total contribution amount

Which type of contribution are you making? (Please select one)

- Standard contribution
See the STABLE Program Disclosure Booklet for the current yearly standard contribution limit.
- ABL to Work contribution
If the Beneficiary is earning wages, they may contribute an amount equal to their gross income, up to current limits (see Program Disclosure Booklet for current limits), in addition to the yearly standard contribution limit.*

* If the Beneficiary or their employer is contributing to a defined contribution plan (401K), annuity plan (403(b)), or deferred compensation plan (457(b)) this calendar year, the Beneficiary is not eligible to make ABL to Work contributions.

12 Sign the form

- By signing below, the Agent on behalf of the Entity ALR is agreeing to the terms and conditions set forth below and in the Plan Disclosure Booklet and Participation Agreement. The Entity ALR understands and agrees that these documents govern all aspects of this Account and are incorporated herein by reference.
- The Entity ALR will retain a copy of the Plan Disclosure Booklet for its records. The Entity ALR understands that the STABLE Account Savings Plan may, from time to time, amend the Plan Disclosure Booklet and the Participation Agreement, and it understands and agrees that it will be subject to the terms of those amendments.
- The Entity ALR certifies that all the information provided on this Enrollment Form is, and all information provided in the future will be, true, complete and correct. As a designated Agent for the Entity ALR, I authorize the STABLE Account Plan/Program to open this account based upon this information.
- Additionally, the Agent on behalf of the Entity ALR certifies under penalty of perjury:
- The Beneficiary's disability or blindness is expected to result in death or has lasted, or can be expected to last for a continuous period of not less than 12 months and that the Entity ALR will notify the Plan of any change to the status of the Beneficiary's disability or blindness (including any potential cure or remission of such disability or blindness) promptly upon such occurrence.
- The Entity ALR is the Beneficiary's Attorney-in-Fact for the STABLE Account, full legal guardian, conservator, rep payee, or the legal guardian of property.
- The Entity ALR is authorized to act on the Beneficiary's behalf in managing the STABLE Account and that this STABLE Account is in the best interest of the Beneficiary.
- If it has been indicated that either the initial contribution or monthly contributions are ABLE to Work contributions, the Agent on behalf of the Entity ALR certifies that the Beneficiary is earning wages and the amount being contributed is less than or equal to the Beneficiary's gross income this calendar year and is no more than the previous year's federal poverty level for one person. In addition, the Agent on behalf of the Entity ALR certifies that when it is making an ABLE to Work contribution, the Beneficiary (or the Beneficiary's employer) has not contributed to a defined contribution plan (401K), annuity plan (403(b)), or deferred compensation plan (457(b)) this calendar year.

Signature of Agent, signing on behalf of the Entity ALR

Date (mm/dd/yyyy)