



**Important information about opening a new account:**

- Before completing this form, carefully read the **Program Description & Participation Agreement**.
- An eligible person can only have one ABLÉ account open at any time.
- There can only be one Authorized Legal Representative managing an account at any time.
- Fill out the **Bank Add/Change Request Form** to make updates to the banking information regarding the Authorized Legal Representative — if applicable.
- A notarization acknowledgement is required for the Authorized Legal Representative and the adult Beneficiary. If the Beneficiary has become incapacitated, proof will be required instead of a signature.
- Type or print clearly in black ink, and do not staple the pages.

**Need help?**

Give us a call Monday – Friday from 9am – 5pm PT at **1-844-600-2253**

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

**Mail the form to:**

Washington State ABLE Savings Plan  
P.O. Box 534431  
Pittsburgh, PA 15253- 4431

**Overnight Mail:**

Washington State ABLE Savings Plan  
Attention: 534431  
500 Ross Street, 154-0520  
Pittsburgh, PA 15262

**Fax:**

833-286-8171

## 1 ABLÉ account information

\_\_\_\_\_  
**Name of Beneficiary on the ABLÉ Account** (First and last)

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
**Beneficiary’s Social Security** or **Taxpayer Identification Number**

\_\_\_\_\_  
**Washington State ABLE Savings Plan account number**

## 2 Reason for adding Authorized Legal Representative

(Please select one)

Adult Beneficiary has an Authorized Legal Representative to manage the account  
(Signatures are required for the Authorized Legal Representative and the adult Beneficiary in **Steps 7 – 9**)

Adult Beneficiary has become incapacitated since opening the account  
(The Authorized Legal Representative’s signature and proof of incapacitation are required in **Steps 7 – 9**)

If the account already has an Authorized Legal Representative, please complete a **Change Authorized Legal Representative Form** instead.



**3 New Authorized Legal Representative information**

\_\_\_\_\_  
**Name** (First and last)

**Relationship to the Beneficiary** (Please select one)

I certify under the penalties of perjury that I am the Beneficiary's:

- Power of Attorney**  
I have the Power of Attorney to open and manage an ABLE account for the Beneficiary.
- Legal Guardian**  
The Beneficiary does not have a Power of Attorney pertaining to this ABLE account, and I am their legal guardian.
- Conservator**  
The Beneficiary does not have a Power of Attorney pertaining to this ABLE account, and I have been appointed conservator.
- Spouse**  
I have the authority to open and manage an ABLE account for the Beneficiary.
- Parent**  
I have the authority to open and manage an ABLE account for the Beneficiary.
- Sibling**  
I have the authority to open and manage an ABLE account for the Beneficiary.
- Grandparent**  
I have the authority to open and manage an ABLE account for the Beneficiary.
- Representative Payee**  
I have the authority to open and manage an ABLE account for the Beneficiary.

\_\_\_/\_\_\_/\_\_\_\_\_  
**Date of Birth** (mm/dd/yyyy)

\_\_\_\_-\_\_\_\_-\_\_\_\_\_  
**Social Security** or **Taxpayer Identification Number**

\_\_\_\_-\_\_\_\_-\_\_\_\_\_  
**Telephone number**

**Residential address**  
No PO boxes are accepted for a residential address.

\_\_\_\_\_  
**Street address 1**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**Street address 2**

\_\_\_\_-\_\_\_\_-\_\_\_\_\_  
**State**      **Zip Code**



**4** 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)

\_\_\_\_\_  
**Street address 1**

\_\_\_\_\_  
**Street address 2**

\_\_\_\_\_  
**City**

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
**State      Zip Code**

**Choose how you want to receive statements and tax forms for all the accounts you manage**

(Please select one)

- Send digital tax forms, account information and quarterly statements by email  
(Please answer **Step 4A** below)
- Send digital quarterly statements and account information by email, but send tax forms by U.S. mail\*  
(Please answer **Step 4A** below)
- Send quarterly statements, account information and tax forms by U.S. mail\*  
(You'll be charged \$10 per account, per year)

---> **A** **What email address should we use?**  
Answer if you've chosen to receive items by email

\_\_\_\_\_  
Email

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



**5 Work Information**

Providing employment information will help us understand how the account is being funded.

**What is the Beneficiary or Authorized Legal Representative's work status?** (Please select one)

- Employed   
  Self-Employed   
  Retired or Not Working

**A**

What's your occupation (Please select one)  
Answer if **employed** or **self-employed**:

- |   |  |
|---|--|
| <input type="radio"/> Accounting/Auditing           | <input type="radio"/> Hospitality/Food           |
| <input type="radio"/> Admin/Clerical                | <input type="radio"/> Independent Investor       |
| <input type="radio"/> Art/Antiques Dealer           | <input type="radio"/> Information Technology     |
| <input type="radio"/> Banking Professional          | <input type="radio"/> Insurance                  |
| <input type="radio"/> Cannabis related business     | <input type="radio"/> Legal Services             |
| <input type="radio"/> Car/Boat/Airplane Dealer      | <input type="radio"/> Manufacturing/Production   |
| <input type="radio"/> Casino/Gaming                 | <input type="radio"/> Nonprofit Executive        |
| <input type="radio"/> Construction/Skilled Trade    | <input type="radio"/> Operations                 |
| <input type="radio"/> Creative/Design/Architectural | <input type="radio"/> Other:                     |
| <input type="radio"/> Defense/Military              | _____  |
| <input type="radio"/> Editorial/Writing/Publishing  | (Please write in your occupation)                |
| <input type="radio"/> Education                     | <input type="radio"/> Public Service             |
| <input type="radio"/> Elected Official/Embassy      | <input type="radio"/> Retail/Sales/Real Estate   |
| <input type="radio"/> Engineering/Science/R&D       | <input type="radio"/> Student                    |
| <input type="radio"/> Entertainment/Sports/Arts     | <input type="radio"/> Transportation/Warehousing |
| <input type="radio"/> Financial Services            |  |
| <input type="radio"/> Health Care Professional      |  |

**B**

Please choose all of your sources of income\* (Select all that apply)

Answer if **retired or not working**:

- Retirement Savings  
 Spousal Support  
 Social Security or Pension  
 Other Government Services  
 Other:

\_\_\_\_\_  
(Please write in all other sources)



**6 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**

<p><b>Acceptable ID Documentation</b></p> <p>Option A Include a copy of a Department of Motor Vehicles State ID</p> <p>Option B Include a copy of both your Social</p>
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To help the government fight the funding of terrorism and money laundering, federal law requires us to obtain certain personal information, including 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.



**7 Sign the form**

By signing below, I am agreeing to the terms and conditions set forth below and in the **Program Description & 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 **Program Description & Participation Agreement** for my records. I understand that the Washington State ABLE Savings Plan program may, from time to time, amend the **Program Description & 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 open this Account based upon this information.

Additionally, I certify 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 I will notify the Program 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.
- I’m either a parent, a legal guardian, or have Power of Attorney, which makes me an Authorized Legal Representative. I am authorized to act on the Beneficiary’s behalf in opening and managing the Account and that this Account is in the best interest of the Beneficiary.

The Authorized Legal Representative must sign below. The adult Beneficiary must sign below unless they have become incapacitated, in which case the Authorized Legal Representative must provide proof to the Guarantor signing a notarization acknowledgement in **Step 9**.

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

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

\_\_\_\_\_  
**Signature of adult Beneficiary — If applicable**

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



**8 A notarization acknowledgement is required for a Authorized Legal Representative**

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 add an ALR 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 Washington, County of \_\_\_\_\_  
County

This instrument was acknowledged before me

physical presence or  online notarization

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

by \_\_\_\_\_  
**Name of person** (first and last)

My term expires: \_\_\_ / \_\_\_ / \_\_\_\_\_  
**Date** (mm/dd/yyyy)

<p><b>Notary Public (Seal)</b></p>
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\_\_\_\_\_  
**Signature of Notary Public**



**9 A notarization acknowledgement is required for an adult Beneficiary — If applicable**

If the adult Beneficiary has become incapacitated, the Authorized Legal Representative must provide proof to the notary.

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 \_\_\_\_\_, 20\_\_\_\_  
Day (#) Month Year

\_\_\_\_\_  
**Signature of Beneficiary or Authorized Legal Representative**

State Of Washington, County Of \_\_\_\_\_  
County

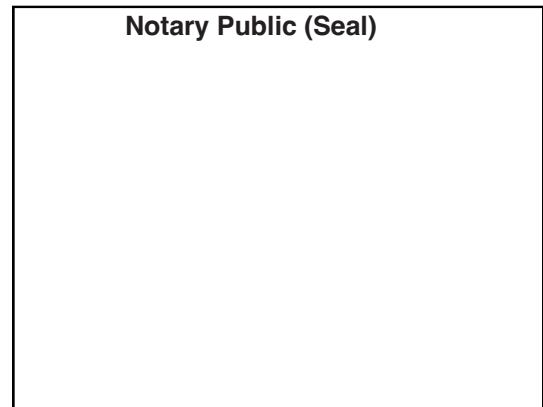
This instrument was acknowledged before me

physical presence or  online notarization

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

by \_\_\_\_\_  
**Name of person** (first and last)

My term expires: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



\_\_\_\_\_  
**Signature of Notary Public**