



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

- 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 authorization (**Step 5**)

**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 ABLE account information**

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

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

\_\_\_\_\_  
**Washington State ABLE 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



**3 New address**

If the Beneficiary moves out of the state of Washington, they can keep their ABLE account and continue to use it.

If you're updating the Beneficiary's address, it cannot be a PO 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 Authorized Legal Representative

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



**5 A notarization acknowledgement is required for an address change**

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:

- You're providing the following information as certification that your signature is genuine.
- 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 the 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

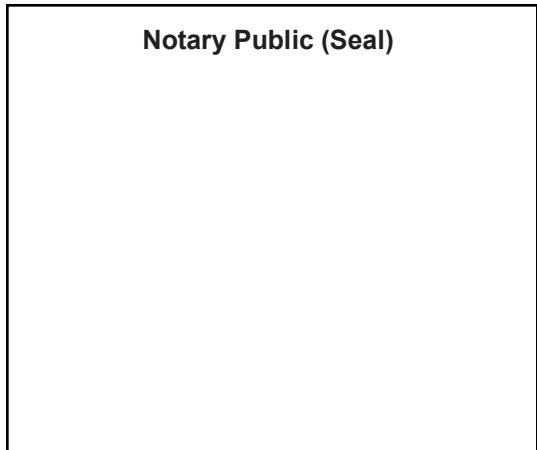
This instrument was acknowledged before me

physical presence or  online notarization

on \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
Day (#) Month Year

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

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



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