



**Important information about this form:**

- Fill out this form to change the name of the Beneficiary or the Authorized Legal Representative for this ABLE account.
- If you're an Authorized Legal Representative managing more than one account with a name change, you'll have to fill out a separate form for each one.
- The Beneficiary or the Authorized Legal Representative must sign this form.
- A name change requires a notarization acknowledgement in **Step 4**.
- The name associated with the ABLE account must match the first and last name on the bank account connected to it. If you are making a change of name, you might also have to update your bank account information.

**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 Tell us about the name change**

If you need to make a name change for both the Beneficiary and the Authorized Legal Representative, you will need to fill out two separate forms. Both forms will require a notarization acknowledgement.

**This change is for:**     Beneficiary     Authorized Legal Representative

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

Reason for change:     Marriage     Divorce     Other: \_\_\_\_\_



**3 Sign the form**

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

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

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

**4 A notarization acknowledgement is required for a name change**

Keep in mind that:

- You're providing the following information as underwritten certification that your signature is genuine.
- You cannot guarantee your own signature. If you're an Authorized Legal Representative, 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 \_\_\_\_\_

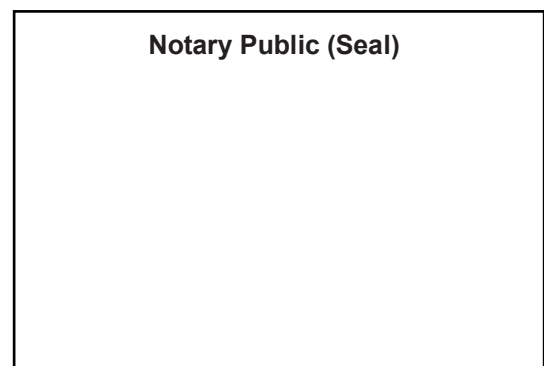
This instrument was acknowledged before me

physical presence or  online notarization

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

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

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



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