



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 ABLE 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 if it's affected by changing the Authorized Legal Representative.
- A notarization acknowledgement is required for the new and resigning Authorized Legal Representative. If the resigning Authorized Legal Representative is deceased or incapacitated please provide a Death Certificate or proof of incapacitation instead.
- 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 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 Reason for changing Authorized Legal Representative

(Please select one)

- Resignation of Authorized Legal Representative (e.g. divorce, relocation, incarceration, etc.)
(Signatures are required for the resigning and the new Authorized Legal Representative in **Steps 8 –10**)
- Authorized Legal Representative is deceased or incapacitated
(A Death Certificate or proof of incapacitation and signature of the new Authorized Legal Representative are required in **Steps 8 – 10**)



3 Resigning Authorized Legal Representative information

If the Authorized Legal Representative is deceased or incapacitated, please complete this step and provide a Death Certificate or proof of incapacitation instead of a signature in **Step 9**.

Name (First and last)

___ / ___ / _____
Date of Birth (mm/dd/yyyy)

___ - ___ - _____
Social Security or **Taxpayer Identification Number**

4 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:

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



continued from page 2

____ / ____ / ____
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

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)

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)



7 Verify your identity

The new Authorized Legal Representative must provide identification. If the Beneficiary has reached the age of 18 since opening the account, they must also provide identification in this step.

How to provide identification

<p>Acceptable ID Documentation</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>
--

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.



8 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 resigning Authorized Legal Representative must sign below with the new Authorized Legal Representative. If the resigning Authorized Legal Representative is deceased or incapacitated, no signature is required, and a Death Certificate or proof of incapacitation must be provided to the notarization acknowledgement in **Step 9**.

Signature of resigning Authorized Legal Representative

___ / ___ / ___
Date (mm/dd/yyyy)

Signature of new Authorized Legal Representative

___ / ___ / ___
Date (mm/dd/yyyy)



9 A notarization acknowledgement is required for a resigning Authorized Legal Representative — If applicable

If the resigning Authorized Legal Representative is deceased or incapacitated, a Death Certificate or proof of incapacitation must be provided to the Guarantor of the notary acknowledgement.

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

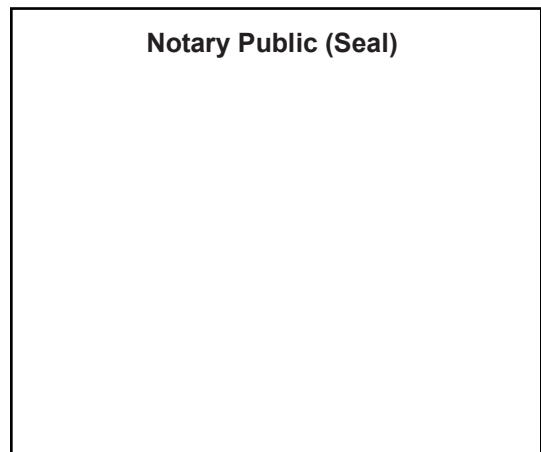
This instrument was acknowledged before me

physical presence or online notarization

on _____ day of _____, 20____
Day (#) Month Year

by _____
Name of person (first and last)

My term expires: ____ / ____ / ____
Date (mm/dd/yyyy)



Signature of Notary Public



10 A notarization acknowledgement is required for a new Authorized Legal Representative — If applicable

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 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

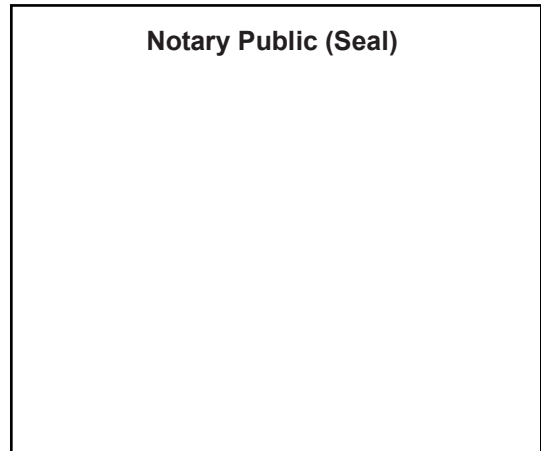
This instrument was acknowledged before me

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