



**Important information about this form:**

- Before completing this form, carefully read the Plan Disclosure Booklet and Participation Agreement.
- An Entity Authorized Legal Representative (Entity ALR) account must be established by submitting an Entity Authorized Legal Representative Establishment Form before this form can be submitted.
- An eligible person can only have one ABLE account open at any time.
- There can only be one Authorized Legal Representative (ALR) managing an account at any time, regardless of the ALR being an individual ALR or an Entity ALR.
- 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.
- 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 **1-844-999-2253**

**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 account number**



## 2 Entity Authorized Legal Representative information

(Please select one)

- Resignation of Individual Authorized Legal Representative (e.g. relocation, beneficiary no longer supported by the individual, etc.) (Signatures are required for the resigning and the new Authorized Legal Representative in Step 7)
- Individual 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 Step 7)
- Resignation of Entity Authorized Legal Representative (e.g. relocation, beneficiary no longer supported by the organization, etc.) (Signatures are required for the resigning and the new Authorized Legal Representative in Step 7)

## 3 Resigning Authorized Legal Representative information

\_\_\_\_\_  
**Name** (First and last for individual ALR, or legal business name for Entity ALR)

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

\_\_\_ - \_\_\_ - \_\_\_\_\_  
**Social Security**

OR

\_\_\_ - \_\_\_\_\_  
**Entity's Employer Identification Number**



## 4 New Entity Authorized Legal Representative information

If the Beneficiary is not able to exercise signature authority over their ABLE account or chooses to establish an ABLE 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 an ABLE 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 ALR is anyone who is selected by the eligible Beneficiary with legal capacity (who has power of attorney), an individual's agent under a power

of attorney, a conservator or legal guardian, a spouse, parent, sibling or grandparent, or a Social Security Administration representative payee (individual or organization). A person may self-attest/certify that they are authorized to open the ABLE 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 ABLE account during the Beneficiary's lifetime and must administer the ABLE account for the benefit of the Beneficiary. Whenever an action is required to be taken by a Beneficiary in connection with an ABLE account with an Authorized Legal Representative, it must be taken by the Beneficiary's Authorized Legal Representative acting in that capacity.

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**Name of Entity that will be serving as the ALR** (First and last)

**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 ABLE 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 ABLE 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 ABLE 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 ABLE account and the Entity ALR has been appointed representative payee.

New Entity Authorized Legal Representative information continued



\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Entity ALRs Date of formation (mm/dd/yyyy)

\_\_\_\_ - \_\_\_\_\_  
Entity's Employer Identification Number

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

**Entity's ALR address**

P.O. boxes are **not** accepted for an Entity's business address.

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

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

\_\_\_\_\_  
City

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



## 5 New Entity Authorized Legal Representative Communication Preferences

### Mailing address

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

- Use the Entity ALRs 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 \$10 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 Business description of Entity ALR**

Please describe the Entity ALRs primary business or service that it provides for its ABLE Beneficiaries. This will help us understand the financial relationship between the Entity ALR and its clients.

**Description:**

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**Website:**

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## 7 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 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 Washington State ABLE 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 of the information provided on this Change of ALR Form is, and all information provided in the future will be, true, complete and correct.

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 Account, full legal guardian, representative payee, conservator or the legal guardian.

The Entity ALR is authorized to act on the Beneficiary's behalf in managing the Account and determining 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.

\_\_\_\_\_  
**Signature of resigning Authorized Legal Representative**  
or signature of Agent signing on behalf of resigning Entity Authorized Legal Representative

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

\_\_\_\_\_  
**Signature of Agent**  
signing on behalf of the Entity Authorized Legal Representative

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