PAABLE

# Change of Address Form

**Important information about this form:**

- The Beneficiary or the Authorized Individual must sign this form.
- Keep in mind that all communications are sent to the **mailing** address listed on the account.
- You cannot request a check withdrawal online for 15 days following the change of your address unless this form includes a notarization acknowledgment **(Step 5)**. You can also avoid the 15-day hold period for check withdrawals by mailing in a notarized paper Withdrawal Form, or by requesting an online withdrawal via electronic bank transfer.

**Need help?**

Give us a call Monday – Friday from 9am – 8pm ET at **1-855-529-ABLE (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:**
PA ABLE Savings Program
P.O. Box 534004
Pittsburgh, PA 15253-4004

**Overnight Mail:**
PA ABLE Savings Program
Attention: 534004
1350 Penn Avenue Suite 102
Pittsburgh, PA 15222

**Fax:**
855-851-7352

## 1 PA ABLE account information

_____
**Name of Beneficiary on the account** (First and last)

__ __ __ - __ __ - __ __ __ __
**Beneficiary's Social Security** or **Taxpayer Identification Number**

__ __ __ __ __ __ __ __ __ __ __
**PA ABLE account number**

## 2 Which addresses do you want to change?

(Select both circles if the addresses are the same. If you need to change more than one address, please submit separate forms.)

◯ The Beneficiary's residential address

◯ The account mailing address

## 3 New address

If you're updating the Beneficiary's address, it cannot be a P.O. Box.

**Street address 1** _____

**Street address 2** _____

**City** _____

**State** _____ **Zip Code** __ __ __ __ __ - __ __ __ __

## 4 Sign the form

By signing this form, I certify that:

- I agree to the terms and conditions set forth in this form and in the PA ABLE Savings Program Disclosure Statement and Participation Agreement. I understand and agree that those documents govern all aspects of this account and are incorporated herein by reference.
- The information I have provided on this form is accurate and complete.
- I authorize the program or its designee to update the account according to the instructions above.
- I understand that I cannot make withdrawals by check for 15 days following an address change, unless either this form is notarized, or I separately submit a notarized Withdrawal Form.

**Signature of Beneficiary or Authorized Individual** _____

**Date** (mm/dd/yyyy) __ __ / __ __ / __ __ __ __

## 5 Notarization (optional)

*This section is only required if you are requesting a withdrawal by check from this account within 15 days.*

**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 Individual**

STATE OF _____, COUNTY OF _____
County

This instrument was acknowledged before me

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**