Add Authorized Individual / Organization Form

Important information about this form:

- Use this form if the Beneficiary is currently self-managing their account, and wants to transition account management to an Authorized Individual or Organization.
- Only Organizations that are currently registered with Vestwell to manage ABLE accounts can be added via this form. You can register your Organization online by visiting paable.gov.
- If the account already has an Authorized Individual or Organization, and a change is required, please complete the **Change Authorized Individual / Organization Form** instead.
- Before completing this form, carefully read the **PA ABLE Program Disclosure Statement and Participant Agreement**.
- There can only be one Authorized Individual or Organization managing an account at any time. If additional people need access, you can grant them permissions through the "Manage Access" feature in your online account.
- Remember to also login to your account online and update any bank account information, if needed.
- A notarization acknowledgment is required for the new Authorized Individual / Organization and the Beneficiary. If the Beneficiary has become incapacitated, proof of incapacitation will be required instead of signature.
- Type or print clearly in black ink, and do not staple the pages.

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 Reason for adding Authorized Individual or Organization

(Please select one)

◯ Adult Beneficiary has newly selected an Authorized Individual or Organization to manage the account
(Signatures are required for the Authorized Individual / Organization and the Beneficiary)

◯ Adult Beneficiary has become incapacitated since opening the account
(The Authorized Individual's / Organization's signature and proof of incapacitation are required)

3 New Authorized Individual / Organization Information

Name

Relationship to the Beneficiary

I certify under the penalties of perjury that *(select either A or B)*:

☐ **A.** The Beneficiary is an adult with legal capacity to enter into a contract, and has selected me to serve as the Authorized Individual / Organization on their ABLE account

OR

☐ **B.** I am the Beneficiary's *(select one)*, and there are no other higher-priority individuals who are willing and able to manage the account:
(Note: Federal law limits who can serve as an Authorized Individual / Organization. In that case, the list of permitted Authorized Individuals / Organizations, in order of priority, is as follows.)

- ☐ **1. Power of Attorney**
- ☐ **2. Conservator or Legal Guardian**
- ☐ **3. Spouse**
- ☐ **4. Parent**
- ☐ **5. Sibling**
- ☐ **6. Grandparent**
- ☐ **7. Representative Payee (appointed by the Social Security Administration)**

__ __ / __ __ / __ __ __ __
Date of Birth (mm/dd/yyyy) *(Leave blank for Organizations)*

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

OR

___ ___ - ___ ___ ___ ___ ___ ___ ___
Employer Identification Number
(for Organizations)

___ ___ ___ - ___ ___ ___ - ___ ___ ___ ___
Telephone number

Residential address

No P.O. Boxes are accepted for a residential address.

Street address 1

Street address 2

City

State

Zip Code __ __ __ __ __ - __ __ __ __

4 Communication

Mailing address

P.O. Boxes are accepted for a mailing address.

◯ Use the residential address as the mailing address
(Leave address information below blank)

_____ _____

Street address 1 **Street address 2**

_____ _____ __ __ __ __ __ – __ __ __ __

City **State** **Zip Code**

_____

Email

Choose how you want to receive key account documents, including statements and tax forms

If you already manage an ABLE account through Vestwell (either as an Authorized Individual / Organization or as an Account Owner), please skip this section; we will not process any selections entered here. We will apply the communication preferences you already have on file. If this is your first time managing an ABLE account through Vestwell, please indicate how you would like to receive account documents *(select one)*:

◯ Receive tax forms, statements, and other documents electronically
*By selecting this option, your Annual Account Maintenance Fee will be **discounted by $20**.*

◯ Receive statements and other documents electronically, but receive tax forms by U.S. mail*

◯ Receive all documents by U.S. mail*
By selecting this option, you will not receive a $20 "e-delivery" discount and will be charged the full Annual Account Maintenance Fee.

* All documents sent by U.S. mail will be mailed to the account's mailing address.

5 Verify your identity

The person completing this form must provide identification.

How to provide identification

Acceptable ID Documentation

Option A
Include a copy of a Department of Motor Vehicles State ID

Option B
Include a copy of both your Social Security card and your birth certificate

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 the account or take other steps we think are necessary.

6 Sign the form

By signing below, I am agreeing to the terms and conditions set forth below and in the **PA ABLE Program Disclosure Statement and Participant 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 **PA ABLE Savings Program Disclosure Statement** for my records. I understand that the Program may, from time to time, amend the **PA ABLE Savings Program Disclosure Statement**, 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 make changes to the account based upon this information.

Additionally, I certify under penalty of perjury that I understand and will comply with all of the following:

- I understand that only certain persons can serve as an Authorized Individual / Organization on this account, and that there is an order of priority for who can serve. Specifically, I understand that the order of priority is: (1) a person selected by the Beneficiary (when the Beneficiary is an adult with legal capacity to enter into a contract), (2) the Beneficiary's agent under power of attorney, (3) conservator or legal guardian, (4) spouse, (5), parent, (6) sibling, (7) grandparent, or (8) a representative payee appointed for the Beneficiary by the Social Security Administration. I certify that the new Authorized Individual / Organization is qualified under this prioritized list, and that there is no other person / entity higher on the prioritized list who is both willing and able to serve as the Authorized Individual / Organization on this account.
- The new Authorized Individual / Organization neither has, nor will acquire, any beneficial interest in the Beneficiary's account during the Beneficiary's lifetime. The new Authorized Individual / Organization will administer the account for the benefit of the Beneficiary.
- If I am adding an Organization, I certify that I have signing authority for the Organization and that the Organization is already registered to manage ABLE accounts with Vestwell.

The Authorized Individual / Organization must sign below. The adult Beneficiary must sign below unless they have become incapacitated, in which case you must provide proof of incapacitation along with this form, in lieu of a signature from the Beneficiary.

_____ __ __ / __ __ / __ __ __ __

Signature of Authorized Individual or Organization **Date** (mm/dd/yyyy)

_____

(For Organization) **Printed Name of Organization's Signer**

_____ __ __ / __ __ / __ __ __ __

Signature of adult Beneficiary — If applicable **Date** (mm/dd/yyyy)

7 A notarization acknowledgement is required for the Authorized Individual / Organization

By signing below, you:

- Authorize the Program to make changes to the account according to the instructions above.
- Certify that the information provided herein is true and complete in all respects, and that you have read and understand, consent, and agree to all the terms and conditions of the **PA ABLE Program Disclosure Statement and Participation Agreement.**

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 (#)) day of _____ (Month) , 20_____ (Year)

_____
Signature

_____
Printed Name

STATE OF _____ (State) , COUNTY OF _____ (County)

This instrument was acknowledged before me

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

by _____
Name of person (first and last)

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

Notary Public (Seal)

_____
Signature of Notary Public

8 A notarization acknowledgement is required for the adult Beneficiary — If applicable

If the adult Beneficiary has become incapacitated, you must provide proof to the Program along with this form, in lieu of the Beneficiary's signature.

By signing below, you authorize the Program to make changes to the account according to the instructions above.

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 **Printed Name of Beneficiary**

STATE OF _____ , COUNTY OF _____
State 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)

Notary Public (Seal)

_____
Signature of Notary Public