Change Authorized Individual / Organization Form

Important information about this form:

- Use this form if you need to both remove *and* replace a current Authorized Individual or Organization.
- If you only need to remove the current Authorized Individual or Organization, but will not be appointing a new one (because the Beneficiary will begin self-managing their account), please use the **Remove Authorized Individual / Organization** form instead.
- If the account does not currently have an Authorized Individual or Organization and you would like to add one, please use the **Add Authorized Individual / Organization** form instead.
- Before completing this form, carefully read the **PA ABLE Program Disclosure Statement and Participation Agreement**.
- There can only be one Authorized Individual or Organization managing an account at any time.
- 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.
- You should also fill out the **Bank Add/Change Request** form to make updates to your linked bank accounts, if those are affected by the Authorized Individual or Organization change.
- Notarized signatures are required at the end of this form. If a resigning Authorized Individual is deceased or incapacitated, please provide a Death Certificate or proof of incapacitation instead of their 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 PA ABLE account (First and last)

___ ___ ___ – ___ ___ – ___ ___ ___ ___
Beneficiary's Social Security or **Taxpayer Identification Number**

___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___
PA ABLE account number

2 Reason for changing Authorized Individual or Organization

(Please select one)

◯ Resignation of current Authorized Individual or Organization
(Notarized signatures are required for the resigning and the new Authorized Individual or Organization)

◯ Current Authorized Individual is deceased or incapacitated
(A Death Certificate or proof of incapacitation and notarized signature of the new Authorized Individual or Organization are required)

3 Resigning Authorized Individual or Organization Information

If the current Authorized Individual is deceased or incapacitated, please complete this step and provide a Death Certificate or proof of incapacitation instead of their signature in **Step 8**.

_____

Name (First and last)

__ __ / __ __ / __ __ __ __

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

___ ___ ___ - ___ ___ - ___ ___ ___ ___

Social Security or **Taxpayer Identification Number**

OR

___ ___ - ___ ___ ___ ___ ___ ___ ___

Employer Identification Number *(for Organizations)*

4 New Authorized Individual or 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 or 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 or 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)**

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__ __ / __ __ / __ __ __ __
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

5 Communication preferences for new Authorized Individual or Organization

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.

6 Verify your identity

The person completing this form must provide identification. The Beneficiary must also provide identification to prove their identity if they have reached the age of 18 since opening the account.

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 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.

7 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 Participation Agreement**. I understand and agree that those documents govern all aspects of this account and are incorporated herein by reference.

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, the new Authorized Individual or Organization certifies under penalty of perjury:

- I understand that only certain persons can serve as an Authorized Individual or 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), (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 or 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 or 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 represent an Organization, I certify that I have signing authority for the Organization and that the Organization is currently registered to manage ABLE accounts with Vestwell.

- I will retain a copy of the **PA ABLE Program Disclosure Statement and Participation Agreement** for my records. I understand that the Program may, from time to time, amend the **PA ABLE Program Disclosure Statement and Participation Agreement**, and I understand and agree that I will be subject to the terms of those amendments.

The resigning Authorized Individual / Organization must sign below with the new Authorized Individual / Organization. If the resigning Authorized Individual is deceased or incapacitated, their signature is not required; a Death Certificate or proof of incapacitation must be provided to the Program instead.

_____ __ __ / __ __ / __ __ __ __

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

_____

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

_____ __ __ / __ __ / __ __ __ __

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

_____

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

8 A notarization acknowledgment is required for the resigning Authorized Individual or Organization — If applicable

If the resigning Authorized Individual is deceased or incapacitated, a Death Certificate or proof of incapacitation must be provided to the Program instead.

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 of _____ , 20_____
Day (#) Month Year

_____ _____

Signature of resigning Authorized Individual or Organization

Printed name of resigning Authorized Individual or Organization's Signer

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

9 A notarization acknowledgement is required for the new Authorized Individual

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 of _____ , 20____
Day (#) Month Year

_____
Signature of the new Authorized Individual or Organization

_____
Printed name of new Authorized Individual or Organization's Signer

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