Remove Authorized Individual / Organization Form

Important information about this form:

- Use this form if you are the Account Owner (Beneficiary), you have become an adult (age 21 or older), and you wish to remove the account's current Authorized Individual or Organization and begin managing the ABLE account on your own.
- Please note that if the Authorized Individual has not signed this form, he or she will receive notification of your request and have sixty days to provide evidence that you are subject to a valid judicial guardianship order or other court order granting authority over your finances to another person or entity. During this time, no withdrawals will be permitted from the account.
- If you need to remove the current Authorized Individual / Organization and appoint a new one, complete the **Change Authorized Individual / Organization Form** instead.
- Before completing this form, carefully read the **PA ABLE Program Disclosure Statement and Participation Agreement.**
- You should also fill out the **Bank Add / Change Request Form** to make updates to your linked bank accounts, if those are affected by removing the current Authorized Individual or Organization.
- Notarized signatures are required on this form. If you are unable to provide a signature from the current Authorized Individual or Organization, we will need to contact them.
- 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 Account Owner Information

__ __ / __ __ / __ __ __ __
Date of Birth (mm/dd/yyyy)

__ __ __ - __ __ __ - __ __ __ __
Telephone number

Residential address

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

Street address 1

Street address 2

City

State

Zip Code

3 Account Owner's communication preferences

Mailing address

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

☐ Use the Account Owner's 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:
(Please 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.

4 Verify your identity

The Account Owner must provide identification to prove their identity and age.

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 your account or take other steps we think are necessary.

5 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**. 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 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.

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. I certify that I meet all the eligibility requirements for an ABLE account and that I will promptly notify the program if my eligibility changes.

I authorize the Program to make changes to my account based upon the information provided in this form. I understand that the Program may not be able to make these changes without the consent of the current Authorized Individual / Organization.

_____ __ __ / __ __ / __ __ __ __

Signature of adult Account Owner **Date** (mm/dd/yyyy)

6 A notarization acknowledgement is required for the adult Account Owner

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 Account Owner **Printed Name of Account Owner**

STATE OF _____, COUNTY OF _____

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

7 A notarized acknowledgement is required from the Authorized Individual or Organization

By signing below, you:

- Authorize the Program to make changes to the account according to the instructions above.
- [If signing on behalf of an Organization] Certify that you have signing authority for the Organization.

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 Authorized Individual or Organization

_____
Printed Name of 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