PA ABLE

Change of Name Form

Important information about this form:

- Fill out this form to change the name of the Beneficiary or the Authorized Individual for this PA ABLE account.
- If you're an Authorized Individual managing more than one account with a name change, you'll have to fill out a separate form for each account.
- The Beneficiary or the Authorized Individual must sign this form.
- A name change requires a notarization acknowledgment in **Step 4**.
- The name associated with the PA ABLE account must match the first and last name on the bank account connected to it. If you are making a change of name, you may also have to update your bank account information.

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 Tell us about the name change

If you need to make a name change for both the Beneficiary and the Authorized Individual, you will need to fill out two separate forms. Both forms will require a notarization acknowledgement.

This change is for: ◯ Beneficiary ◯ Authorized Individual

_____
New Name (First and last)

Reason for change: ◯ Marriage ◯ Divorce ◯ Other: _____

3 Sign the form

By signing this form, you're confirming the information you've provided is true.

_____ __ __ / __ __ / __ __ __ __

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

4 A notarization acknowledgement is required for a name change

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 _____

This instrument was acknowledged before me

on _____
Date (mm/dd/yyyy)

by _____
Name of person (First and last)

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

_____

Signature of Notary Public