Organization Registration Form

Important information about this form:

- Use this form to register your Organization to open and manage ABLE accounts on behalf of individuals you serve. You must complete Registration before your Organization can open ABLE accounts. For a quicker process, you can also register your Organization online at Paable.gov.
- Government agencies, non-profits, and for-profit entities can use this form. Your Organization must have Power of Attorney, Guardianship, Conservatorship, or appointment as a Representative Payee (with the Social Security Administration) in order to ultimately open ABLE accounts for others.
- A Senior Leader of your Organization must be identified on this form. A Senior Leader is any person with significant authority to manage or direct your Organization - such as a CEO, CFO, COO, President, VP, Partner, Treasurer, or anyone in a similar leadership role.
- For-profit Organizations must also identify any individuals who own 25% or more of the Organization.
- This form also allows you to identify individual employees (called "Agents") to help your Organization open and/or manage ABLE accounts. You can assign these Agents to manage or view specific ABLE accounts, and can customize what permissions they have on each ABLE account.
- Either the Senior Leader or their designee may complete and sign this form. The Senior Leader, as well as the registrant completing this form (if different) will be assigned as ABLE Administrators for the Organization. Administrators can manage the Organization's profile, add/remove Agents, manage Agents' permissions, and open new ABLE accounts.
- Once all of your Organization's documents have been submitted and reviewed by our team, you will receive an email invitation to set up a login to the Program's online ABLE platform. From there, you can begin opening ABLE accounts for the people you serve, and assigning individual Agents to manage those accounts.
- Before completing this form, carefully read the **PA ABLE Program Disclosure Statement and Participation Agreement**.

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

PAABLE

Organization Registration Form

1 Organization's Information

_____

Legal Name of Organization

__ __ - __ __ __ __ __ __ __

Organization's Employer Identification Number

__ __ __ - __ __ __ - __ __ __ __

Organization's Telephone Number

_____

Group Email Address
All account communications (e.g., transaction notifications) for your Organization will be sent here. We recommend a shared inbox accessible to everyone managing ABLE accounts.

_____

Website

Address *(No P.O. Boxes or military addresses)*

_____

Street address 1

_____

Street address 2

_____

City

__ __ **State**

__ __ __ __ __ - __ __ __ __

Zip code

Organization Type

(*Additional documentation may be required to verify the identity and good standing of your Organization. See **Step 6**.)*

◯ **Government Agency**
Select Government Agency if your Organization is a department or agency of either: (1) a State, (2) any political subdivision of a State, or (3) the U.S.

◯ **For-Profit Organization**
Select For-Profit if your Organization is a for-profit corporation, LLC, general partnership, or similar entity.

◯ **Non-Profit Organization**
Select Non-Profit if your Organization was legally established as a non-profit entity and filed non-profit organizational documents with the appropriate State authority.

2 Senior Leader Information

To comply with federal law, we must obtain, verify, and record information for a Senior Leader of your Organization. A Senior Leader is any person with significant authority to manage or direct your Organization - such as a CEO, CFO, COO, President, VP, Partner, Treasurer, or anyone in a similar leadership role. If your Organization has several people who fit this description, you only need to identify one.

For Government Agencies: *Complete name, phone number, and email only.*

For-Profit and Non-Profit Organizations: *Complete all fields. Also include a copy of the Senior Leader's valid government-issued photo ID (see **Step 6**.)*

_____ **Name** (First and last)

__ __ __ - __ __ __ - __ __ __ __ **Phone Number**

__ __ / __ __ / __ __ __ __ **Date of birth** (mm/dd/yyyy)
(For-Profit and Non-Profit only)

_____ **Work Email Address**
For government agencies, use an email address with an identifiable government domain.

__ __ __ - __ __ - __ __ __ __ **Social Security Number**
(For-Profit and Non-Profit only)

Residential Address
(P.O. Boxes are not accepted for a residential address)

_____ **Street address 1**

_____ **Street address 2**

_____ **City**

__ __ **State**

__ __ __ __ __ - __ __ __ __ **Zip code**

Is the Senior Leader identified above also the person completing this form?

◯ **Yes.** *Please skip Step 3.*

◯ **No.** *Please complete Step 3.*

3 Registrant's Information

Please complete this Step if someone other than the Senior Leader identified in **Step 2** is completing this form. Both you - the registrant - and the Senior Leader will be assigned as Administrators for your Organization, and will receive email invitations to set up a login to the Program's online ABLE platform.

_____ __ __ __ - __ __ __ - __ __ __ __

Name (First and last) **Phone Number**

_____

Work Email Address
For government agencies, use an email address with an identifiable government domain.

4 Owners

This section applies to For-Profit Organizations only. Non-Profits and Government Agencies should skip this step.

To comply with federal law, we must obtain, verify, and record information about the Owners of for-profit Organizations. Please identify any individual(s) who own 25% or more of your Organization. You may skip this step if there are no individuals who meet this description. You will also need to include a copy of each Owner's valid government-issued photo ID (see **Step 6**.)

If one of the Owners is another entity, you will need to disclose the owning entity's owners down to the individual level. This complex ownership structure cannot be accommodated via this form. Please include a separate letter disclosing the full ownership structure, down to individuals.

A First Owner's Information

_____

Name (First and last)

__ __ / __ __ / __ __ __ __

Date of birth (mm/dd/yyyy)

__ __ __ - __ __ - __ __ __ __

Social Security Number

Residential Address *(P.O. Boxes are **not** accepted for a residential address.)*

_____ _____

Street address 1 **Street address 2**

_____ __ __ __ __ __ __ __ __ - __ __ __ __

City **State** **Zip code**

_____

Email Address

__ __ __ - __ __ __ - __ __ __ __

Phone Number

B Second Owner's Information

_____

Name (First and last)

__ __ / __ __ / __ __ __ __

Date of birth (mm/dd/yyyy)

__ __ __ - __ __ __ - __ __ __ __

Phone Number

__ __ __ - __ __ - __ __ __ __

Social Security Number

_____

Email Address

Residential Address *(P.O. Boxes are **not** accepted for a residential address.)*

_____

Street address 1

_____

Street address 2

_____

City

__ __

State

__ __ __ __ __ - __ __ __ __

Zip code

C Third Owner's Information

_____

Name (First and last)

__ __ / __ __ / __ __ __ __

Date of birth (mm/dd/yyyy)

__ __ __ - __ __ __ - __ __ __ __

Phone Number

__ __ __ - __ __ - __ __ __ __

Social Security Number

_____

Email Address

Residential Address *(P.O. Boxes are **not** accepted for a residential address.)*

_____

Street address 1

_____

Street address 2

_____

City

__ __

State

__ __ __ __ __ - __ __ __ __

Zip code

D Fourth Owner's Information

_____

Name (First and last)

__ __ / __ __ / __ __ __ __

Date of birth (mm/dd/yyyy)

__ __ __ - __ __ __ - __ __ __ __

Phone Number

__ __ __ - __ __ - __ __ __ __

Social Security Number

_____

Email Address

Residential Address *(P.O. Boxes are **not** accepted for a residential address.)*

_____

Street address 1

_____

Street address 2

_____

City

__ __

State

__ __ __ __ __ - __ __ __ __

Zip code

5 Agents

An Agent is an employee or representative of the Organization who will be granted access to open, view, and/or manage one or more ABLE accounts. Agents can have different permission levels for different ABLE accounts. If you give an Agent permission to open new accounts, they will have full transactional access on any accounts they open, unless you later change their account access level. Each Agent you identify here will receive an email invitation to create their own unique login credentials to the Program's online ABLE platform.

The ABLE Administrator(s) for your Organization can easily remove or update Agents and their permission levels online after Registration is complete. You can also add additional Agents online, or by attaching additional copies of this page.

A First Agent's Information

_____

Name (First and last)

__ __ __ - __ __ __ - __ __ __ __

Phone Number

_____

Work Email Address

For government agencies, use an email address with an identifiable government domain.

Does this Agent have permission to open new ABLE accounts on behalf of your Organization?

◯ Yes.

◯ No.

B Second Agent's Information

_____

Name (First and last)

__ __ __ - __ __ __ - __ __ __ __

Phone Number

_____

Work Email Address

For government agencies, use an email address with an identifiable government domain.

Does this Agent have permission to open new ABLE accounts on behalf of your Organization?

◯ Yes.

◯ No.

6 Required Documents

The following documents are required to complete Registration. Provide documents for Steps A and B.

A Provide one document from the list below to verify your Organization:

Organization Type	Acceptable Documents
Non-profit Entities	• Organization's Certified Articles of Incorporation • U.S. Internal Revenue Code Sec. 501(c)(3) Exempt Organization Affirmation • Any document from the *Additional Documents list at the bottom of this page
For-profit Entities	• Organization's Certified Articles of Incorporation • Audited financial statements • Any document from the *Additional Documents list at the bottom of this page
Government Agencies	*No additional documents required, but email addresses provided on this form must use an identifiable government domain.*

***Additional Documents: Other acceptable forms of identification for Organizations**

• Determination letter
• General or Limited Partnership Agreement
• Trust Instrument — Letters of Trusteeship or Executorship
• A government-issued business license
• Audited financial statements
• Published annual report
• 10-K or other information contained on the U.S. Securities and Exchange Commission's Website (http://www.sec.gov), the websites of various self-regulatory organizations (e.g., FINRA), or from other governmental sources.

B To comply with federal law, we require personal identification documentation for certain individuals. Please provide a copy of a valid, government-issued photo ID for any of the following that apply to your Organization:

- The Senior Leader of a Non-Profit Organization
- The Senior Leader of a For-Profit Organization
- All identified Owners of a For-Profit Organization

7 Signature

By signing below, I am certifying that:

- I have the authority to complete this Registration and to serve as an ABLE Administrator for my Organization.
- All of the information I have provided is complete and correct.
- I have read, understand, consent, and agree to the terms and conditions set forth in the **PA ABLE Savings Program Disclosure Statement and Participation Agreement**. I understand and agree that those documents govern all aspects of my registration and management of ABLE accounts, and are incorporated herein by reference. 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 understand that the Senior Leader and Registrant (if applicable) identified on this form will be assigned as the ABLE Administrators for my Organization. They will have authority to manage my Organization's PA ABLE profile and online dashboard, to open ABLE accounts, to add/remove Agents, and to assign Agents access and permissions to ABLE accounts. I understand and accept that the Organization and the Organization Administrator(s) are responsible for actions taken by their Agents and for overseeing the administration of any ABLE accounts managed by the Organization. I understand and accept that the Organization Administrator(s) are solely responsible for managing all Agents, their access/permission levels, and any required changes.
- The Organization will immediately change or revoke Administrator or Agent access as necessary and as required to protect the security and integrity of any ABLE accounts managed by the Organization. The Organization will also promptly notify the Program of any changes to any of the information on this form or information relevant to the Organization's management of ABLE accounts.
- I authorize the Program to process this Registration.

_____ _____

Signature of individual completing this form **Printed Name**

___ ___ / ___ ___ / ___ ___ ___ ___

Date (mm/dd/yyyy)