

Important information about opening a new account:

- Before completing this form, carefully read the **Program Description & Participation Agreement**.
- An eligible person can only have one ABLE account open at any time.
- There can only be one Authorized Legal Representative managing an account at any time.
- Fill out the **Bank Add/Change Request Form** to make updates to the banking information regarding the Authorized Legal Representative — if applicable.
- If the ALR is serving as a POA, a notarization acknowledgement is required. (See POA form)
- 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 **1-855-563-2253**

Individuals with speech or hearing disabilities may dial 711 to access Telecommunications Relay Service (TRS) from a telephone or TTY.

Mail the form to:

Maryland ABLE
P.O. Box 534424
Pittsburgh, PA 15253- 4424

Overnight Mail:

Maryland ABLE
Attention: 534424
500 Ross Street, 154-0520
Pittsburgh, PA 15262

Fax:

833-286-8170

1 ABLE account information

Name of Beneficiary on the ABLE Account (First and last)

____ - ____ - ____
Beneficiary's Social Security or Taxpayer Identification Number

Maryland ABLE account number

2 Reason for adding Authorized Legal Representative

(Please select one)

- ☐ Adult Beneficiary has selected an Authorized Legal Representative to manage the account
(Signatures are required for the Authorized Legal Representative and the adult Beneficiary in **Step 7**)
- ☐ Adult Beneficiary is not able to manage the account.
(The Authorized Legal Representative's signature is required in **Step 7**)

If the account already has an Authorized Legal Representative, please complete a **Change Authorized Legal Representative Form** instead.

3 New Authorized Legal Representative information

Name (First and last)

Relationship to the Beneficiary (Please select one)

I certify under the penalties of perjury that:

- ☐ I have been selected by the beneficiary to establish this ABLE account on their behalf.
(Mark **Selected by Beneficiary** below)
- ☐ The beneficiary is unable to establish their own able account; I am establishing it on their behalf.

I certify under the penalties of perjury that I am the highest person on the hierarchy below who is willing and able to serve as the ALR for the beneficiary.

- ☐ **Selected by Beneficiary**
The Beneficiary has selected me to serve as their ALR with authorized signatory on the account. (Mark **only** if you have been selected by the Beneficiary)
- ☐ **Power of Attorney**
I have the Power of Attorney to open and manage an ABLE account for the Beneficiary.
- ☐ **Legal Guardian**
The Beneficiary does not have a Power of Attorney pertaining to this ABLE account, and I am their legal guardian.
- ☐ **Conservator**
The Beneficiary does not have a Power of Attorney pertaining to this ABLE account, and I have been appointed conservator.
- ☐ **Spouse**
I have the authority to open and manage an ABLE account for the Beneficiary.
- ☐ **Parent**
I have the authority to open and manage an ABLE account for the Beneficiary.
- ☐ **Sibling**
I have the authority to open and manage an ABLE account for the Beneficiary.
- ☐ **Grandparent**
I have the authority to open and manage an ABLE account for the Beneficiary.
- ☐ **Representative Payee**
I have the authority to open and manage an ABLE account for the Beneficiary.

____/____/_____
Date of Birth (mm/dd/yyyy)

____-____-_____
Social Security or **Taxpayer Identification Number**

____-____-_____
Telephone number

Residential address

No PO boxes are accepted for a residential address.

Street address 1

Street address 2

City

State

____-_____
Zip Code

4 Communication preferences

Mailing address

PO boxes are accepted for a mailing address.

- ☐ Use the Beneficiary's residential address as the mailing address
(Leave address information below blank)

Street address 1

Street address 2

City

State

Zip Code

Choose how you want to receive statements and tax forms for all the accounts you manage

(Please select one)

- ☐ Send digital tax forms, account information and quarterly statements by email
(Please answer **Step 4A** below)
- ☐ Send digital quarterly statements and account information by email, but send tax forms by U.S. mail*
(Please answer **Step 4A** below)
- ☐ Send quarterly statements, account information and tax forms by U.S. mail*
(You'll be charged \$10 per account, per year)

A What email address should we use?

Answer if you've chosen to receive items by email

Email

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

5

Work information of Authorized Legal Representative

Providing employment information will help us understand how the account is being funded.

What is the Beneficiary or Authorized Legal Representative's work status? (Please select one)

☐ Employed
 ☐ Self-Employed
 ☐ Retired or Not Working

A

What's your occupation (Please select one)

Answer if **employed** or **self-employed**:

- | | |
|---|--|
| <input type="radio"/> Accounting/Auditing | <input type="radio"/> Hospitality/Food |
| <input type="radio"/> Admin/Clerical | <input type="radio"/> Independent Investor |
| <input type="radio"/> Art/Antiques Dealer | <input type="radio"/> Information Technology |
| <input type="radio"/> Banking Professional | <input type="radio"/> Insurance |
| <input type="radio"/> Cannabis related business | <input type="radio"/> Legal Services |
| <input type="radio"/> Car/Boat/Airplane Dealer | <input type="radio"/> Manufacturing/Production |
| <input type="radio"/> Casino/Gaming | <input type="radio"/> Nonprofit Executive |
| <input type="radio"/> Construction/Skilled Trade | <input type="radio"/> Operations |
| <input type="radio"/> Creative/Design/Architectural | <input type="radio"/> Other: |
| <input type="radio"/> Defense/Military | <div>(Please write in your occupation)</div> |
| <input type="radio"/> Editorial/Writing/Publishing | <input type="radio"/> Public Service |
| <input type="radio"/> Education | <input type="radio"/> Retail/Sales/Real Estate |
| <input type="radio"/> Elected Official/Embassy | <input type="radio"/> Student |
| <input type="radio"/> Engineering/Science/R&D | <input type="radio"/> Transportation/Warehousing |
| <input type="radio"/> Entertainment/Sports/Arts | |
| <input type="radio"/> Financial Services | |
| <input type="radio"/> Health Care Professional | |

B

Please choose all of your sources of income* (Select all that apply)

Answer if **retired** or **not working**:

- ☐ Retirement Savings
☐ Spousal Support
☐ Social Security or Pension
☐ Other Government Services
☐ Other:

(Please write in all other sources)

6 Verify your identity

The Beneficiary must provide identification to prove their identity if they reached the age of 18 since opening the account.

How to provide identification

Acceptable ID Documentation

Option A

Include a current 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.

7 Sign the form

By signing below, I am agreeing to the terms and conditions set forth below and in the **Program Description & Participation 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 **Program Description & Participation Agreement** for my records. I understand that the Maryland ABLE program may, from time to time, amend the **Program Description & 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 and I authorize the Program to open this Account based upon this information.

Additionally, I certify under penalty of perjury:

- The Beneficiary's disability or blindness is expected to result in death or has lasted, or can be expected to last for a continuous period of not less than 12 months and that I will notify the Program of any change to the status of the beneficiary's disability or blindness (including any potential cure or remission of such disability or blindness) promptly upon such occurrence.
- I'm either a parent, a legal guardian, or have Power of Attorney, which makes me an Authorized Legal Representative. I am authorized to act on the Beneficiary's behalf in opening and managing the Account and that this Account is in the best interest of the Beneficiary.
- I am seeking to establish an ABLE account as the eligible individual or have been selected by the eligible individual, or if the eligible individual is unable to establish their own ABLE account, I have the authority to establish the ABLE account as an agent under a power of attorney or, if none, by a conservator or legal guardian, spouse, parent, sibling, grandparent of the eligible individual, or a representative payee appointed for the eligible individual by the Social Security Administration (SSA), in that order, and that there is no other person with a higher priority as listed above to establish the ABLE account.
- The beneficiary has not obtained a peace or protective order against me.
- I am not subject of a civil or criminal order prohibiting contact with the beneficiary.
- I have not been held civilly or criminally liable for financial exploitation.

The Authorized Legal Representative must sign below. The adult Beneficiary must sign below unless they Are not able to select an ALR*.

Signature of Authorized Legal Representative

___/___/_____
Date (mm/dd/yyyy)

Signature of adult Beneficiary — If applicable

___/___/_____
Date (mm/dd/yyyy)