

### Important information about opening a new account:

- A separate form is needed for each ABLE account.
- The Beneficiary or the Authorized Legal Representative must sign this form.
- Keep in mind that all communications are sent to the mailing address listed on the ABLE account.
- You cannot make withdrawals by check for 10 days following the change of your address unless either this form or the Withdrawal Form includes a notarization acknowledgement **(Step 5)**.

### 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 Which addresses do you want to change?

(Select all that apply if the addresses are the same)

☐ The Beneficiary's residential address

☐ Mailing address

### 3 New address

If the Beneficiary moves out of the state of Maryland, they can keep their ABLE account and continue to use it.

If you're updating the Beneficiary's address, it cannot be a PO box.

\_\_\_\_\_  
Street address 1

\_\_\_\_\_  
Street address 2

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Zip Code

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Telephone number

### 4 Sign the form

By signing this form, you're confirming the information provided is true for the change of address.

You cannot make withdrawals by check for 30 days following the change of your address unless either this form or the **Withdrawal Form** include a notarization acknowledgement..

\_\_\_\_\_  
Signature of Authorized Legal Representative

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date (mm/dd/yyyy)

**5 A notarization acknowledgement is required for an address change**

If you want to avoid a 10-day hold period for check withdrawals associated with a change in address, please have your signature notarized below.

Keep in mind that:

- You're providing the following information as certification that your signature is genuine.
- You may be required to provide proof of your authority to act on behalf of the ABLÉ account.
- Only sign if you are in the presence of a notary public or other officer providing the 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 Legal Representative**

STATE OF MARYLAND, COUNTY OF \_\_\_\_\_

This instrument was acknowledged before me

☐ physical presence or ☐ online notarization

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**