

### Important information about opening a new account:

- Use this form to reopen an account that was previously closed.
- The Beneficiary or the Authorized Legal Representative must sign this form.
- Keep in mind that all communications are sent to the mailing address and/or email address listed on this form.

### Need help?

Give us a call Monday – Friday from 9am – 8pm ET at **1-855-563-2253**

### 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 ABLÉ account information

\_\_\_\_\_  
Name of Beneficiary on the ABLÉ Account (First and last)

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Beneficiary's Social Security or Taxpayer Identification Number

\_\_\_\_\_  
Maryland ABLÉ account number

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

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

\_\_\_\_\_  
City

\_\_\_\_\_  
State

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

## 2 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 ABLÉ 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 ABLÉ account for the Beneficiary.
- Legal Guardian**  
The Beneficiary does not have a Power of Attorney pertaining to this ABLÉ account, and I am their legal guardian.
- Conservator**  
The Beneficiary does not have a Power of Attorney pertaining to this ABLÉ account, and I have been appointed conservator.
- Spouse**  
I have the authority to open and manage an ABLÉ account for the Beneficiary.
- Parent**  
I have the authority to open and manage an ABLÉ account for the Beneficiary.
- Sibling**  
I have the authority to open and manage an ABLÉ account for the Beneficiary.
- Grandparent**  
I have the authority to open and manage an ABLÉ account for the Beneficiary.
- Representative Payee**  
I have the authority to open and manage an ABLÉ 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**

### 3 Mailing Address

- Use the Beneficiary's residential address as the mailing address  
(Leave address information below blank)
- Use the Authorized Legal Representative'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 5A** below)
- Send digital quarterly statements and account information by email, but send tax forms by U.S. mail\*  
(Please answer **Step 5A** 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.

**4** Diagnosis information

Is the disability permanent?  Yes  No

I certify to the perjury that:

- The Beneficiary developed the disability or blindness before the age of 26
- The Beneficiary has no other ABLE account
- I will notify the Plan of any changes to the permanence\* of the Beneficiary's disability or blindness (including any potential cure for such disability or blindness) promptly upon such an occurrence

**5** Sign the form

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

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

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