

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 ABLE 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