

### Important information about this form:

- Fill out this form with the new bank account you want to connect to this Maryland ABLE account.
- The last name of the Beneficiary or the Authorized Legal Representative needs to be associated with any bank accounts connected to the ABLE account.
- You are unable to make withdrawals for 10 days when you add/change banking information, unless either this form or the **Withdrawal Form** includes a notarization acknowledgement (seen in **Step 5** on this form).

### 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 Tell us what type of change you want to make

(Please select one)

- Update existing bank information
- Add a new bank

### 3 Bank account information

If you choose to make regular deposits and withdrawals with an ACH bank transfer, attach a voided check or copy of your bank statement showing the name, address, last 4 digits of the account number and complete the bank information below. (Please do not staple, use a paper clip for the check).

Bank account type       Checking       Savings

\_\_\_\_\_  
**Name on bank account**

The first and last name on the bank account needs to be the same as either the Beneficiary or the Authorized Legal Representative.

\_\_\_\_\_  
Bank name

\_\_\_\_ \_ / \_\_\_\_ \_ / \_\_\_\_ \_  
Bank routing number

\_\_\_\_\_  
Bank account number

**Need help?**

You can find your bank information on the bottom of one of your checks here:

A000000000 A 0000000000000000 c 1000  
Routing      Account  
Number      Number

### 4 Sign the form

By signing this form, you're confirming the information provided is true for the bank change. You are unable to make withdrawals for 30 days following the addition or change of bank information unless this form or the **Withdrawal Form** includes a notarization acknowledgement.

\_\_\_\_\_  
Signature of Beneficiary or Authorized Legal Representative

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

**5 A notarization acknowledgement is required for a bank change**

If you want to avoid a 30-day hold period associated with the additional or change in bank information, then please have your signature guaranteed below.

**Keep in mind that:**

- You're providing the following information as underwritten certification that your signature is genuine.
- You cannot guarantee your own signature. 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 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 \_\_\_\_\_

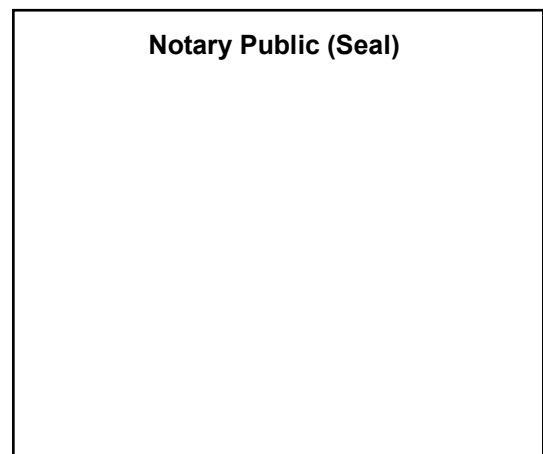
This instrument was acknowledged before me

physical presence or  online notarization

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

by \_\_\_\_\_  
**Name of person (First and last)**

My term expires: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
**Date (mm/dd/yyyy)**



\_\_\_\_\_  
**Signature of Notary Public**