

### Important information about this form:

- Fill out this form to change the name of the Beneficiary or the Authorized Legal Representative for this ABLE account.
- If you're an Authorized Legal Representative managing more than one account with a name change, you'll have to fill out a separate form for each one.
- The Beneficiary or the Authorized Legal Representative must sign this form.
- A name change requires a notarization acknowledgement in Step 4.
- The name associated with the ABLE account must match the first and last name on the bank account connected to it. If you are making a change of name, you might also have to update your bank account information.

### 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 about the name change

If you need to make a name change for both the Beneficiary and the Authorized Legal Representative, you will need to fill out two separate forms. Both forms will require a notarization acknowledgement.

This change is for:  Beneficiary  Authorized Legal Representative

\_\_\_\_\_  
New Name (First and last)

Reason for change:  Marriage  Divorce  Other: \_\_\_\_\_

**3 Sign the form**

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

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

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

**4 A notarization acknowledgement is required for a name change**

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

**Notary Public (Seal)**

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