



## Add Authorized Legal Representative Form

### Important information about this form:

- Before completing this form, carefully read the **Program Disclosure Booklet** and **Participation Agreement**.
- An eligible person can only have one ABLE account open at any time.
- There can only be one Authorized Legal Representative managing an account at any time.
- Fill out the **Bank Add/Change Request Form** to make updates to the banking information regarding the Authorized Legal Representative — if applicable.
- A notarization acknowledgement is required for the Authorized Legal Representative and the adult Beneficiary. If the Beneficiary has become incapacitated, proof will be required instead of a signature.
- Type or print clearly in black ink, and do not staple the pages.

### 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  
PO 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 the Beneficiary on the ABLE account (First and last)

— — — — —  
Beneficiary's Social Security or Taxpayer Identification Number

— — — — —  
Maryland ABLE account number

## 2 Reason for adding Authorized Legal Representative

(Please select one)

Adult Beneficiary wants to appoint an Authorized Legal Representative to manage the account  
(Signatures are required for the Authorized Legal Representative and the adult Beneficiary in **Steps 7 – 9**)

Adult Beneficiary has become incapacitated since opening the account  
(The Authorized Legal Representative's signature and proof of incapacitation are required in **Steps 7 – 9**)

If the account already has an Authorized Legal Representative, please complete a **Change Authorized Legal Representative Form** instead.

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

— — / — — / — — — —

**Date of Birth** (mm/dd/yyyy)

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**Social Security or Taxpayer Identification Number**

Telephone number

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**Telephone number**

**Residential address**

No PO boxes are accepted for a residential address.

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Street address 1

Street address 2

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City

State

Zip Code

**4 Communication preferences****Mailing address**

P.O. boxes are accepted for a mailing address.

- Use the Authorized Legal Representative's residential address as the mailing address  
(Leave address information below blank)

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Street address 1

Street address 2

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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 4A** below)
- Send digital quarterly statements and account information by email, but send tax forms by U.S. mail\*  
(Please answer **Step 4A** below)
- Send quarterly statements, account information and tax forms by U.S. mail\*  
(You'll be charged \$20 per account, per year)

**4A What email address should we use?**

Answer if you've chosen to receive items by email

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Email

\* All documents sent by U.S. mail will be mailed to the account's mailing address.

## 5 Work information of Authorized Legal Representative

Providing employment information will help us understand how the account is being funded.

What is the Authorized Legal Representative's work status? (Please select one)

Employed     Self-Employed     Retired or Not Working

## 6 Verify your identity

The Authorized Legal Representative must provide identification.

How to provide identification

### Acceptable ID Documentation

#### Option A

Include a copy of a Department of Motor Vehicles State ID

#### Option B

Include a copy of both your Social Security card and your birth certificate

To help the government fight the funding of terrorism and money laundering, federal law requires us to obtain certain personal information: your name, address, date of birth, and Social Security number or taxpayer identification number and other information that will allow us to verify your identity. If we are unable to verify your identity, we may have to close your account or take other steps we think are necessary.

**7 Sign the form**

By signing below, I am agreeing to the terms and conditions set forth below and in the **Participation Agreement**. I understand and agree that those documents govern all aspects of this Account and are incorporated herein by reference.

I will retain a copy of the **Program Disclosure Booklet** for my records. I understand that the Maryland ABLE program may, from time to time, amend the **Program Disclosure Booklet** and the **Participation Agreement**, and I understand and agree that I will be subject to the terms of those amendments.

I certify that all of the information provided by me on this form is, and all information provided by me in the future will be, true, complete and correct and I authorize the Program to open this Account based upon this information.

Additionally, I certify under penalty of perjury:

- The Beneficiary's disability or blindness is expected to result in death or has lasted, or can be expected to last for a continuous period of not less than 12 months and that I will notify the Program of any change to the status of the beneficiary's disability or blindness (including any potential cure or remission of such disability or blindness) promptly upon such occurrence.
- [For the new Authorized Legal Representative] I have authority to act as the Beneficiary's Authorized Legal Representative on this ABLE account. I understand that only certain persons can serve as an Authorized Legal Representative, and that there is an order of priority for who can serve. Specifically, I understand that the order of priority is: (1) a person selected by the Beneficiary (when the Beneficiary also has legal capacity), (2) the Beneficiary's agent under power of attorney, (3) conservator or legal guardian, (4) spouse, (5) parent, (6) sibling, (7) grandparent, or (8) a representative payee appointed for the Beneficiary by the Social Security Administration. I certify that I am qualified under this prioritized list to serve as the Beneficiary's Authorized Legal Representative, and that there is no other person higher than me on the prioritized list who is both willing and able to serve as the Beneficiary's Authorized Legal Representative on this account. I further certify that: (1) this account is in the best interest of the Beneficiary; (2) that I neither have, nor will I acquire, any beneficial interest in the Beneficiary's ABLE account during the Beneficiary's lifetime; and (3) that I will administer the ABLE account for the benefit of the Beneficiary.
- [For the new Authorized Legal Representative] The Beneficiary has not obtained a peace or protective order against me. I am not the subject of a civil or criminal order prohibiting contact with the Beneficiary. I have not been held civilly or criminally liable for financial exploitation.

The Authorized Legal Representative must sign below. The adult Beneficiary must sign below unless they have become incapacitated, in which case the Authorized Legal Representative must provide proof of the Beneficiary's incapacitation to the Plan, in lieu of a signature from the Beneficiary.

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Signature of Authorized Legal Representative

Date (mm/dd/yyyy)

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Signature of adult Beneficiary — If applicable

Date (mm/dd/yyyy)

**8 A notarization acknowledgement is required for the Authorized Legal Representative****Keep in mind that:**

- If I am an Authorized Legal Representative, I certify that I am authorized to act on behalf of the Account Owner or the Beneficiary in making this request and that this request is in the best interest of the Beneficiary.
- By signing below, I authorize the Plan Manager or its designee to make changes to this Account according to the instructions above.

**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 Authorized Legal Representative

State of Maryland, County of \_\_\_\_\_

This instrument was acknowledged before me

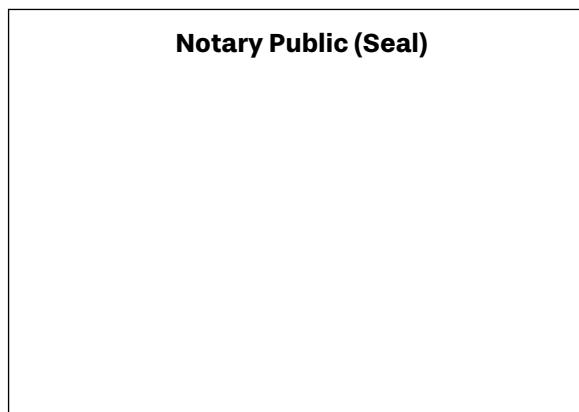
physical presence  online notarization

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

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

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

**Notary Public (Seal)**



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

**9 A notarization acknowledgement is required for an adult Beneficiary — If applicable**

If the adult Beneficiary has become incapacitated, the Authorized Legal Representative must provide proof of the Beneficiary's incapacitation to the Plan along with this form, in lieu of a signature from the Beneficiary.

**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 — if applicable**

State of Maryland, County of \_\_\_\_\_

This instrument was acknowledged before me

physical presence  online notarization

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

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

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

**Notary Public (Seal)**

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