

## Important information about this form:

- Before completing this form, carefully read the Plan Disclosure Booklet and Participation Agreement.
- A new Entity Authorized Legal Representative (Entity ALR) is required to complete and submit an Entity Authorized Legal Representative Establishment Form before submitting this form.
- An eligible person can only have one ABLE account open at any time.
- There can only be one Authorized Legal Representative (ALR) managing an account at any time, regardless of the ALR being an individual ALR or an Entity ALR.
- Fill out the Bank Add/Change Request Form to make updates to the banking information, if it's affected by changing the Authorized Legal Representative.
- 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  
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

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
ABLE account number

## 2 Entity Authorized Legal Representative information

(Please select one)

- Resignation of Individual Authorized Legal Representative  
(e.g. relocation, beneficiary no longer supported by the individual, etc.).  
(Signatures are required for the resigning and the new Authorized Legal Representative in **Step 7**.)
- Individual Authorized Legal Representative is deceased or incapacitated  
(A Death Certificate or proof of incapacitation and signature of the new Authorized Legal Representative are required in **Step 7**.)
- Resignation of Entity Authorized Legal Representative  
(e.g. relocation, beneficiary no longer supported by the organization, etc.).  
(Signatures are required for the resigning and the new Authorized Legal Representative in **Step 7**.)
- Beneficiary Designates Entity  
(The Beneficiary has designated the Entity to serve as their Authorized Legal Representative making them an authorized signatory on the account. Check last option on **Step 4**)

## 3 Resigning Authorized Legal Representative information

\_\_\_\_\_  
**Name** (First and last for individual ALR, or legal business name for Entity ALR)

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

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_  
**Social Security**

OR

\_\_\_\_ - \_\_\_\_\_  
**Entity's Employer Identification Number**

## 4 Entity Authorized Legal Representative information

\_\_\_\_\_  
**Name of Entity that will be serving as the ALR** (First and last)

**Relationship to the Beneficiary** (Please select one)

The Entity ALR certifies under the penalties of perjury that the Entity ALR is the Beneficiary's:

- I have been selected by the beneficiary to establish this ABLER 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 Entity has been selected by the Beneficiary to serve as their ALR to have authorized signatory on the account.
- Attorney-in-Fact under Power of Attorney**  
The Beneficiary has granted the Entity ALR Power of Attorney to open and manage an ABLER account for the Beneficiary. (Please provide a copy of the Power of Attorney document.)
- Legal Guardian**  
The Beneficiary does not have a Power of Attorney pertaining to this ABLER account and the Entity ALR is their full legal guardian, or legal guardian of property. (Please provide a copy of the Guardianship document.)
- Conservator**  
The Beneficiary does not have a Power of Attorney pertaining to this ABLER account and the Entity ALR has been appointed conservator. (Please provide a copy of the Conservatorship document.)
- Representative Payee**  
The Beneficiary does not have Power of Attorney, legal guardian/conservator or any other person on the hierarchy who is willing or able to serve as the ALR and the Entity ALR has been appointed representative payee by the Social Security Administration. (Please retain supporting legal documentations for your records, verifying relationship to the Beneficiary.)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
**Entity ALRs Date of formation** (mm/dd/yyyy)

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Entity's Employer Identification Number

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Telephone number

**Entity's ALR address**

P.O. boxes are **not** accepted for an Entity's business address.

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

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

\_\_\_\_\_  
City

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

## 5 New Entity Authorized Legal Representative Communication Preferences

### Mailing address

PO boxes **are** accepted for a mailing address.

- Use the Entity ALRs business address as the mailing address  
(Leave address information below blank)
- Use the mailing address listed below

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

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

\_\_\_\_\_  
City

\_\_\_\_\_  
State

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

**Choose how the Entity wants to receive statements and tax forms for all the accounts managed by the Entity**  
(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 the Entity ALR choses to receive items by email, and please provide an email address that is accessible to all of the active Agents assigned by the Entity ALR.

\_\_\_\_\_  
**Entity ALR Email** (accessible to all Agents acting on behalf of the Entity)

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

## 6 Business description of Entity ALR

Please describe the Entity ALRs primary business or service that it provides for its ABLE Beneficiaries. This will help us understand the financial relationship between the Entity ALR and its clients.

**Description:**

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**Website:**

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## 7 Sign the form

By signing below, the Agent on behalf of the Entity ALR is agreeing to the terms and conditions set forth below and in the **Participation Agreement**. The Entity ALR understands and agrees that these documents govern all aspects of this Account and are incorporated herein by reference.

The Entity ALR will retain a copy of the **Plan Disclosure Booklet** for its records. The Entity ALR understands that the Maryland ABLE program may, from time to time, amend the **Plan Disclosure Booklet** and the **Participation Agreement**, and it understands and agrees that it will be subject to the terms of those amendments.

The Entity ALR certifies that all of the information provided on this **Change of ALR Form** is, and all information provided in the future will be, true, complete and correct.

Additionally, the Agent on behalf of the Entity ALR certifies 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 the Entity ALR 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.

The Entity ALR has been selected to manage the account by the beneficiary who is able to do so or is the Beneficiary's Attorney-in-Fact for the Account, full legal guardian the legal guardian of property or conservator or the representative payee selected by the Social Security Administration,

The Entity ALR is authorized to act on the Beneficiary's behalf in managing the ABLE account and that this account is in the best interest of the Beneficiary.

- The beneficiary has not obtained a peace or protective order against me.
- I am not 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 resigning Authorized Legal Representative must sign below with the new Authorized Legal Representative. If the resigning Authorized Legal Representative is deceased or incapacitated, no signature is required and a Death Certificate or proof of incapacitation must be provided.

\_\_\_\_\_  
**Signature of resigning Authorized Legal Representative**  
or signature of Agent signing on behalf of resigning Entity Authorized Legal Representative

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

\_\_\_\_\_  
**Signature of Agent**  
signing on behalf of the Entity Authorized Legal Representative

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