DO NOT STAPLE

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Achieving a Better Life Experience

Arkansas ABLE

Account Information Change Form

- Use this form to: update existing Account Owner information, transfer ownership of Account assets to a new Account Owner, update existing Authorized Individual information, change, add or remove an email address, change eligibility basis, add or update a Successor Account Owner, add or update a Successor Authorized Individual, or add or update an Interested Party.
- If you are transferring ownership of Account assets from the Account of a living Account Owner to another living Account Owner, your signature must be notarized in **Section 12**.
  - The new Account Owner or their Authorized Individual must also complete and submit an **Enrollment Form** if the new Account Owner does not already have an Arkansas ABLE Account.
  - The new Account Owner must be an Eligible Individual and for some Plans, a Sibling, as defined in the Plan Disclosure Booklet.
  - Eligible Individuals may only have one ABLE account nationwide. See the Plan Disclosure Booklet for additional information
- If you are changing the Account Owner's legal name, you must provide a copy of an official document that changes the name (i.e., marriage certificate, adoption papers, divorce decree, etc.).

1.888.609.8874
7 a.m. to 4 p.m. CT M-F

FAX **1.617. 559.8937**

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Arkansas ABLE
P.O. Box 219092
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1001 E 101st Terrace, Suite 200
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- Review the Plan Disclosure Booklet prior to completing this form for important information about the topics covered by this form.
- Capitalized terms used in this form, but not defined in this form, have the meanings provided in the Plan Disclosure Booklet.
- Type or print clearly, printing in capital letters and black ink. Please mail the form to the Plan. Do not staple.

Forms can be downloaded from our website at **arkansasable.com**, or you can call Customer Service to request any form — or request assistance in completing this form — at **1.888.609.8874** any business day from 7 a.m. to 4 p.m. CT.

1. Existing Account Owner information (This section must be completed).

Account Number

Account Owner's Legal First Name M.I.

Account Owner's Legal Last Name

Telephone Number

Last 4 digits of Account Owner's Social Security Number

2. Information to update or change (Select all that apply).

- ☐ Update existing Account Owner information — **Section 3** and **11**
- ☐ Transfer Account to a new Account Owner — **Section 4, 11** and **12**
- ☐ Update Authorized Individual information — **Section 5**
- ☐ Change/Add/Remove email address — **Section 6**
- ☐ Change eligibility basis — **Section 7**
- ☐ Add/Change/Remove Successor Account Owner — **Section 8**
- ☐ Add/Change/Remove Successor Authorized Individual — **Section 9**
- ☐ Add/Change/Remove Interested Party — **Section 10**

3. Update existing Account Owner information

Use this section to change the legal name of an existing Account Owner (e.g., due to marriage, adoption or divorce) or to change the permanent street address, mailing address and/or telephone number of the existing Account Owner. Provide the new information exactly as you would like it to appear on the Arkansas ABLE Account. You do not need to enter information that will not be changed.

Account Owner's Legal First Name ☐ M.I.

Account Owner's Legal Last Name

Permanent Street Address (P.O. boxes are not acceptable).

City ☐☐ State ☐☐☐☐☐ – ☐☐☐☐ Zip Code

Account Mailing Address (if different from above)

For Accounts established by an Authorized Individual for a minor or an adult without Legal Capacity, leave this section blank. Complete this section only for Accounts established by the Account Owner or for Accounts where an Account Owner with Legal Capacity has designated an Authorized Individual: Account Owners will receive Account statements, transaction confirmations, tax forms and other Account-related correspondence; Authorized Individuals will receive duplicate Account statements at their mailing address.

Note: There will be a hold of 10 business days for a withdrawal following a change of address for the Account.

Street Address or P.O. Box

City ☐☐ State ☐☐☐☐☐ – ☐☐☐☐ Zip Code

☐☐☐ – ☐☐☐ – ☐☐☐☐ Telephone Number

4. Transfer Account assets to a new Account Owner

Use this section to transfer ownership of Account assets from a living Account Owner (the "former Account Owner") to another living Account Owner (the "new Account Owner"). If the new Account Owner is a Sibling, this will transfer ownership of all of the assets from the existing Account Owner's Account in **Section 1** to the new Account Owner named below.

- If your Plan permits the transfer of ownership of Account assets to non-Sibling Eligible Individuals, it is important to understand that a non-Sibling asset transfer will be treated as a Non-Qualified Withdrawal for the former Account Owner and may generate the following negative consequences: (i) tax liability; (ii) impacts to the former Account Owner's means tested benefits; (iii) the possibility that the new Account Owner may not be able to make any investment changes in the year of the asset transfer; and (iv) the possibility that the new Account Owner may not be able to make any contributions in the year of the transfer. Additionally, non-Sibling Account asset transfers are subject to the Annual Contribution Limit and Account Balance Limit. If a non-Sibling Account transfer would violate either limit, the ABLE Plan will not be able to make the transfer.
- Please carefully review the Plan Disclosure Booklet for information on transferring ownership of Account assets, whether the Plan allows for transfers to non-Siblings, and the potential tax and benefits implications of making a Non-Qualified Withdrawal. Consult with a tax or legal advisor before making the decision to transfer ownership of Account assets.
- To transfer ownership of Account assets, the former Account Owner or the former Account Owner's Authorized Individual's signature must be notarized in **Section 12**.
- The new Account Owner or Authorized Individual for the new Account Owner must complete an Enrollment Form if the new Account Owner does not already have an Arkansas ABLE Account.

Please provide the following information for the new Account Owner.

☐☐☐☐☐☐☐☐☐☐ – ☐☐
Account Number (If applicable)

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐
Account Owner's Legal First Name M.I.

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
Account Owner's Legal Last Name

☐☐☐ – ☐☐ – ☐☐☐☐
Social Security Number or Taxpayer Identification Number (Required)

☐☐ – ☐☐ – ☐☐☐☐
Birth Date (mm/dd/yyyy) (Required)

Relationship:

☐ Sibling ☐ Non-Sibling

5. Update existing Authorized Individual information

Use this section to update information about an existing Authorized Individual. Do not use this section to add an Authorized Individual to the Account. Instead, use the separate **Authorized Individual Change of Signatory Form** to add a new Authorized Individual to the Account. You do not need to add information below that will not be changed.

Authorized Individual's Legal First Name M.I.

Authorized Individual's Legal Last Name

Permanent Street Address (P.O. boxes are not acceptable).

City State Zip Code

Account Mailing Address (if different from above)

Complete this section for Accounts established by an Authorized Individual for a minor or for an adult without Legal Capacity. For these Accounts, the Authorized Individual will receive Account statements, transaction confirmations, tax forms and other Account-related correspondence.

This section should also be completed for Accounts where an Account Owner with Legal Capacity has designated an Authorized Individual. The Authorized Individual will receive duplicate Account statements at this address..

Note: There will be a hold of 10 business days for a withdrawal following a change of address for the Account.

Street Address or P.O. Box

City State Zip Code

Telephone Number

6. Change, add or remove email address on the Account

Complete this section to change, add or remove an email address.

Note: Only one email address can be associated with an Account.

☐ Change the email address on the Account. If the Account is already registered for E-Delivery, E-Delivery for the Account will be changed to the new email address. If the Checking Account Option is being used, visit www.53.com/ABLE to change E-Delivery instructions for checking account statements.

☐ Add an email address for the first time on an Account. This does not establish E-Delivery.

☐ Remove the email address on the Account. Email communications will no longer be sent and if E-Delivery is already in place for the Account, it will be canceled and the Account will no longer be eligible for reduced fees.

Provide the new or updated email address below:

Email Address

7. Change in eligibility basis

Please select the Account Owner's disability, the onset of which occurred prior to their 46th birthday:
(The following information is required by the federal government. Report only one primary code number for an Account Owner. If more than one code applies, select the most significant code).

Note: Please DO NOT submit your written disability-related diagnosis or any protected health information (PHI). If we receive any PHI we will destroy it using secure means. For any additional questions please contact the Arkansas ABLE at **1.888.609.8874**.

- ☐ **Code 1** - Developmental Disorders: Autistic Spectrum Disorder, Asperger's Disorder, Developmental Delays and Learning Disabilities
- ☐ **Code 2** - Intellectual Disability: May be reported as mild, moderate, or severe intellectual disability
- ☐ **Code 3** - Psychiatric Disorders: Schizophrenia, Major depressive disorder, Post-traumatic stress disorder (PTSD), Anorexia nervosa, Attention deficit/hyperactivity disorder (AD/HD), Bipolar disorder
- ☐ **Code 4** - Nervous Disorders: Blindness, Deafness, Cerebral Palsy, Muscular Dystrophy, Spina Bifida, Juvenile-onset Huntington's disease, Multiple sclerosis, Severe sensorineural hearing loss, Congenital cataracts
- ☐ **Code 5** - Congenital Anomalies: Chromosomal abnormalities, including Down Syndrome, Osteogenesis imperfecta, Xerodermatic pigmentosum, Spinal muscular atrophy, Fragile X syndrome, Edwards syndrome
- ☐ **Code 6** - Respiratory Disorders: Cystic Fibrosis
- ☐ **Code 7** - Other: Includes Tetralogy of Fallot, Hypoplastic left heart syndrome, End-stage liver disease, Juvenile-onset rheumatoid arthritis, Sickle cell disease, Hemophilia, and any other disability not listed under Codes 1 - 6

INITIALS I certify under penalties of perjury that the applicable diagnostic code [i.e., Codes 1-7] provided above is accurate.

Basis under which ABLE eligibility is asserted: Refer to the Plan Disclosure Booklet for a full description of Account eligibility. Please select whichever statement applies best. (Select only one).

- ☐ The Account Owner is receiving SSDI (Social Security Disability Insurance) based on a disability.
- ☐ The Account Owner is receiving or is entitled to receive SSI (Supplemental Security Income) based on a disability.
- ☐ The Account Owner's disability is identified on the Social Security Administration's List of Compassionate Allowances Conditions (see ssa.gov/compassionate allowances). The disability causes marked and severe functional limitations.
- ☐ A doctor diagnosed the Account Owner with a physical or mental disability. The disability causes marked and severe functional limitations. It is expected to last for more than 12 months, or is a terminal condition. I will keep a copy of the diagnosis that is signed by a physician who meets the criteria of Section 1861(r)(1) of the Social Security Act and includes the physician's name and address, as well as the date of the diagnosis. Please **DO NOT** submit your written disability-related diagnosis, only check this box and keep your diagnosis documentation with you.

  Note: For purposes of ABLE eligibility, marked and severe functional limitations means the standard of disability in the Social Security Act for children claiming SSI benefits, but without regard to age or whether the Account Owner engages in substantial gainful activity. Specifically, this is a level of severity that meets, medically equals, or functionally equals the severity of any listing in appendix 1 of subpart P of 20 CFR part 404. See 20 CFR 416.906, 416.926a. Refer to the Plan Disclosure Booklet for a full description.

Read the certifications and initial the box below:

I certify under penalties of perjury that the Account Owner is blind (within the meaning of section 1614(a)(2) of the Social Security Act) or has a medically determinable physical or mental impairment that results in marked and severe functional limitations (as that phrase is defined in §1.529A-2(e)(2) of the Tax Regulations) and that either can be expected to result in death or has lasted or can be expected to last for a continuous period of not less than 12 months. I further certify under penalties of perjury that the Account Owner's blindness or disability occurred before the Account Owner attained age 46.

If I selected above that the basis for the Account Owner's eligibility is based on SSI or SSDI benefits, I certify, under penalties of perjury that the Account Owner: (1) is entitled to benefits under Title II or XVI of the Social Security Act based on blindness or disability; (2) has received a benefit verification letter from the Social Security Administration; and (3) agrees to retain and provide the letter (or a genuine copy of the letter or other evidence) to the Plan, the Plan Administrator, the IRS, or the U.S. Treasury Department if requested.

If I selected above that the basis for the Account Owner's eligibility is based on having a condition on the List of Compassionate Allowances Conditions maintained by the Social Security Administration, I certify, under penalties of perjury that: (1) I have identified the Account Owner's condition on the List of Compassionate Allowances Conditions, and (2) the condition was present and produced marked and severe functional limitations before the Account Owner attained age 46.

If I selected above that the basis for the Account Owner's eligibility is a diagnosis by a physician, I certify, under penalties of perjury that I have obtained and will continue to retain a copy of the written diagnosis of the Account Owner's blindness or disability, signed by a physician meeting the criteria of 1861(r)(1) of the Social Security Act (42 U.S.C. 1395x(r)), which includes the name and address of the diagnosing physician and the date of the diagnosis, and I will retain and provide a copy of the diagnosis and related information to the Plan upon request.

INITIALS I certify under penalties of perjury that I will promptly notify the Plan if changes in the Account Owner's condition would result in the Account Owner no longer qualifying as an Eligible Individual.

8. Add, Change or Remove Successor Account Owner

Complete this section to designate an Eligible Individual as a Successor Account Owner or to replace or remove a current Successor Account Owner. The Successor Account Owner designation must be submitted and processed while the Account Owner is living, even though the designation will not take effect until after the death of the Account Owner. There may only be one Successor Account Owner named on the Account.

The transfer of Account assets to a non-Sibling Successor Account Owner will be treated as a Non-Qualified Withdrawal and may generate negative consequences. These consequences may include: (i) tax liability; (ii) the possibility that Successor Account Owner may not be able to make any investment changes in the year of the transfer; and (iii) the possibility that the Successor Account Owner may not be able to make any contributions in the year of the transfer. Additionally, non-Sibling Account asset transfers are subject to the Annual Contribution Limit and Account Balance Limit. If a non-Sibling Account transfer would violate either limit, the ABLE Plan will not be able to make the transfer.

Please carefully review the Plan Disclosure Booklet for information on naming a Successor Account Owner, whether the Plan allows for Successor Account Owners that are non-Siblings, and the potential tax and benefit implications of making a Non-Qualified Withdrawal. Consult with a tax or legal advisor before making the decision to transfer ownership of Account assets.

Check one:

☐ Add ☐ Change ☐ Remove

Successor Account Owner's Legal First name M.I.

Successor Account Owner's Legal Last Name

Birth Date (mm/dd/yyyy)

Telephone Number

Mailing Address

City State Zip Code

Relationship:

☐ Sibling ☐ Non-Sibling

9. Add, Change or Remove Successor Authorized Individual

Complete this section to designate a person or Entity to succeed all existing Authorized Individuals in the event of the removal, resignation, death, or incapacity of the Authorized Individual(s), or to change or remove an existing Successor Authorized Individual. Note that if the Account has multiple existing Authorized Individuals, the appointment of a Successor Authorized Individual will not be processed until each of the existing Authorized Individuals is no longer able to serve. There may only be one Successor Authorized Individual designated on the Account. The Successor Authorized Individual must be able to meet all of the eligibility and priority requirements of an Authorized Individual. Please refer to the Plan Disclosure Booklet to determine who is eligible to serve as an Authorized Individual.

Check one:

☐ Add ☐ Change ☐ Remove

Successor Authorized Individual's Legal First Name M.I.

Successor Authorized Individual's Legal Last Name

Birth Date (mm/dd/yyyy)

Telephone Number

Mailing Address

City State Zip Code

10. Add, Change, Update Current Information or Remove Interested Party

Complete this section to designate a person as an Interested Party, to change an existing Interested Party to a new Interested Party, to update information of an existing Interested Party or to remove an Interested Party. Only a person may serve as an Interested Party.

An Interested Party receives duplicate Account statements and can access information about the Account by calling customer service. Please refer to the Plan Disclosure Booklet for more information on the role of an Interested Party.

Check one:

☐ Add Interested Party ☐ Change existing Interested Party to the below

☐ Update Current Interested Party Information ☐ Remove Interested Party

Interested Party's Legal First Name M.I.

Interested Party's Legal Last Name

Mailing Address

City State Zip Code

Telephone Number

11. Signature — YOU MUST SIGN BELOW

- By signing below, I certify that I have read and understand, consent to, and agree to all the terms and conditions of the Plan Disclosure Booklet as currently in effect and understand the rules and regulations as they relate to this information change request.
- If you are transferring ownership of the Account assets pursuant to **Section 4** of this Form, the former Account Owner's or the former Account Owner's Authorized Individual's signature must be notarized in **Section 12**.
- Please note that if you are transferring ownership of the Account assets to a new Account Owner, the new Account Owner must be an Eligible Individual and for some Plans, a Sibling, as defined in the Plan Disclosure Booklet. An Account Owner may only have one ABLE account nationwide. You should carefully review the Plan Disclosure Booklet and ensure you fully understand the implications of transferring the ownership of Account assets.
- By signing below, I authorize the Program Manager or its designee to change the Account information according to the instructions in this form.
- If I am an Authorized Individual, I certify that I am authorized to act on behalf of the Account Owner in making this request.

Account Owner or Authorized Individual Name (First, Middle Initial, Last)

SIGNATURE
Signature of Account Owner or Authorized Individual

Date (mm/dd/yyyy)

Additional Authorized Individual Name (First, Middle Initial, Last)

SIGNATURE
Signature of Additional Authorized Individual (Only if applicable)

Date (mm/dd/yyyy)

12. Notary—REQUIRED FOR TRANSFERS TO A NEW ACCOUNT OWNER ONLY

If you are transferring ownership of the Account assets from a living Account Owner to another living Account Owner, the former Account Owner's (as defined in Section 4) or the former Account Owner's Authorized Individual's signature must be notarized.

I certify that the information provided herein is true and complete in all respects, and that I have read and understand, consent, and agree to all the terms and conditions of the Arkansas ABLE Disclosure Booklet as currently in effect.

STATE OF _____)

COUNTY OF _____)

This document was acknowledged before me on _____ (date) by _____
(name of Account Owner or Authorized Individual who certifies the correctness of the signature of the Account Owner or Authorized Individual).

SIGNATURE
Signature of Notary

Date (mm/dd/yyyy)

Name of Notary (First, Middle Initial, Last)

My commission expires:

Date (mm/dd/yyyy)

Notary to place seal here

Applies to signature in **Section 11.**