

Important information about adding an Authorized Legal Representative:

- Before completing this form, carefully read the Plan 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 Medallion Signature Guarantee 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 – 5pm PT
at **1-844-999-ABLE** or
from 6am – 5pm PT at
1-844-888-ABLE (TTY)

Mail the form to:

Oregon ABLE Savings Plan
P.O. Box 9891
Providence, RI 02940-8091

Overnight Mail:

Oregon ABLE Savings Plan
4400 Computer Drive
Westborough, MA 01581

1 Fill out the account information

Name of the Beneficiary on the ABLE account (First and last)

____ _ - ____ _ - ____ _
Beneficiary's Social Security or Taxpayer Identification Number

____ _ - ____ _ - ____ _
Oregon ABLE Savings Plan number

2 Reason for adding Authorized Legal Representative

(Please select one)

Adult Beneficiary has an Authorized Legal Representative to manage the account
(Signatures are required for the Authorized Legal Representative
and the adult Beneficiary **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 Information about the Authorized Legal Representative — If applicable

If an Authorized Legal Representative is managing the account for a Beneficiary over the age of 18, they must fill out the **Verify Relationship Form** in addition to this form.

Name (First and last)

Relationship to the Beneficiary

I certify under the penalties of perjury that I am the Beneficiary's:

- Power of Attorney**
I have the Power of Attorney to open and manage an ABLE account for the Beneficiary.
- Parent / Legal Guardian**
The Beneficiary does not have a Power of Attorney pertaining to this ABLE account, and I am their parent or legal guardian.
- Conservator**
The Beneficiary does not have a Power of Attorney pertaining to this ABLE account and I have been appointed conservator.

____-____-____-____-____-____
Birthday (mm/dd/yyyy)

____-____-____-____-____-____
Social Security or Taxpayer Identification Number

____-____-____-____-____-____
Telephone number

Street Address 1

Street Address 2

City

County

____-____-____-____-____-____
State ZIP Code

4 Communication preferences

Choose how you want to receive statements and tax forms for all the accounts you manage

(Please select one)

- Send digital tax forms and quarterly statements by email
(Please answer **Step 4A** below)
- Send digital quarterly statements by email, but mail* tax forms via snail mail
(Please answer **Step 4A** below)
- Mail* quarterly statements and tax forms
(The account will be charged \$10 per account, per year)
- A What email address should we use?**
Answer if you've chosen to receive items by email

Email

* All tax forms and statements will be mailed to the Beneficiary's 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



A What's your occupation (Please select one)

Answer if **employed** or **self-employed**:

- | | |
|---|--|
| <input type="radio"/> Accounting/Auditing | <input type="radio"/> Health Care Professional |
| <input type="radio"/> Admin/Clerical | <input type="radio"/> Hospitality/Food |
| <input type="radio"/> Art/Antiques Dealer | <input type="radio"/> Independent Investor |
| <input type="radio"/> Banking Professional | <input type="radio"/> Information Technology |
| <input type="radio"/> Car/Boat/Airplane Dealer | <input type="radio"/> Insurance |
| <input type="radio"/> Casino/Gaming | <input type="radio"/> Legal Services |
| <input type="radio"/> Construction/Skilled Trade | <input type="radio"/> Manufacturing/Production |
| <input type="radio"/> Creative/Design/Architectural | <input type="radio"/> Nonprofit Executive |
| <input type="radio"/> Defense/Military | <input type="radio"/> Operations |
| <input type="radio"/> Editorial/Writing/Publishing | <input type="radio"/> Other: |
| <input type="radio"/> Education | _____ |
| <input type="radio"/> Elected Official/Embassy | (Please write in your occupation) |
| <input type="radio"/> Engineering/Science/R&D | <input type="radio"/> Public Service |
| <input type="radio"/> Entertainment/Sports/Arts | <input type="radio"/> Retail/Sales/Real Estate |
| <input type="radio"/> Financial Services | <input type="radio"/> Student |
| | <input type="radio"/> Transportation/Warehousing |

B Please choose all of your sources of income (Select all that apply)

Answer if **retired or not working**:

- Retirement Savings
 Spousal Support
 Social Security or Pension
 Other Government Services
 Other:

 (Please write in all other sources)

6 Verify your identity

The Authorized Legal Representative must provide identification to prove their identity.

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 Plan Disclosure Booklet for my records. I understand that the Oregon ABLE Savings Plan may, from time to time, amend the Plan 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 Plan 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 Plan 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.
- I'm either a parent, a legal guardian, or have Power of Attorney, which makes me an Authorized Legal Representative. I am authorized to act on the Beneficiary's behalf in opening and managing the Account and that this Account is in the best interest of the Beneficiary.

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 to the Guarantor signing the Medallion Signature Guarantee in Step 9.

If applicable — Did you include the **Verify Relationship Form** if the Beneficiary is over the age of 18 mentioned in **Step 3**?

Yes No N/A

Signature of Authorized Legal Representative

Date (mm/dd/yyyy)

Signature of adult Beneficiary — If applicable

Date (mm/dd/yyyy)

8 A Medallion Signature Guarantee is required for the Authorized Legal Representative

Keep in mind that:

- You're providing the following information as underwritten certification that your signature is genuine.
- You can get a Medallion Signature Guarantee from an authorized officer of a bank, broker, or other qualified financial institution. A notary public doesn't qualify, and 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 an authorized officer providing the Medallion Signature Guarantee.**

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 Plan Disclosure Booklet.

Signature of Authorized Legal Representative

Signature Guarantor

Title

Name of Institution

Date (mm/dd/yyyy)

Have the Authorized Officer stamp here

9 A Medallion Signature Guarantee is required for an adult Beneficiary — If applicable

If the adult Beneficiary has become incapacitated, the Authorized Legal Representative must provide proof to the Guarantor of the Medallion Signature Guarantee.

Keep in mind that:

- You're providing the following information as underwritten certification that your signature is genuine.
- You can get a Medallion Signature Guarantee from an authorized officer of a bank, broker, or other qualified financial institution. A notary public doesn't qualify, and 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 an authorized officer providing the Medallion Signature Guarantee.**

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 Plan Disclosure Booklet.

Signature of Beneficiary — If Beneficiary is over 18

Signature Guarantor

Title

Name of Institution

Date (mm/dd/yyyy)

Have the Authorized Officer stamp here