

Important information about this form:

- Fill out this form with the new bank account you want to connect to this Oregon ABLE Savings Plan account.
- If you want to sign up for automatic monthly transfers or direct deposits, fill out this form and attach a voided check. (Use a paper clip.)
- The last name of the Beneficiary or the Authorized Legal Representative needs to be associated with any bank accounts connected to the ABLE account.
- You can have a maximum of two bank accounts connected to the ABLE account.
- You can't make withdrawals for 30 days when you add/change banking information, unless either this form or the Withdrawal Request Form includes a Medallion Signature Guarantee (seen in **Step 5** on this form).

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

Want to do this quicker?

If you signed up online, you
can make these changes
from your Account. Go to
OregonAbleSavings.com

1 What ABLE account is this for?

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

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

Oregon ABLE Savings Plan number

If you have an online account and are looking for the account number,
check your Account Edit page on the website.

2 Tell us what type of change you want to make

- Update existing bank information
- Add a new bank (You can have a max of 2)

3 Fill out the bank account information

If you choose to make regular deposits and withdrawals with an ACH bank transfer, attach a voided check. (Please do not staple, use a paper clip for the check).

Name on Bank Account

The last name on the bank account needs to be the same as either the Beneficiary or the Authorized Legal Representative.




Bank Account Type Checking Savings

Bank Name

Bank Routing Number

Bank Account Number**Need help?**

You can find your bank information on the bottom of one of your checks here:

 000000000	 00000000000	 1000
Routing Number	Account Number	

4 Sign the form

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

You can't make withdrawals for 30 days following the addition or change of bank information unless this form or the Withdrawal Request Form includes a Medallion Signature Guarantee.

Signature of Beneficiary or Authorized Legal Representative

Date (mm/dd/yyyy)

5 A Medallion Signature Guarantee is required for a bank change

If you want to avoid a 30 day hold period associated with the additional or change in bank information, please have your signature guaranteed below.

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 Program Disclosure Statement.

Signature of Beneficiary or Authorized Legal Representative

Signature Guarantor

Title

Name of Institution

Date (mm/dd/yyyy)

Have the Authorized Officer stamp here