

## Important information about this form:

- Fill out this form to change the name of the Beneficiary or the Authorized Legal Representative for this ABLE account.
- If you're an Authorized Legal Representative managing more than one account with a name change, you'll have to fill out a separate form for each one.
- The Beneficiary or the Authorized Legal Representative must sign this form.
- A name change requires a notarization acknowledgement in **Step 4**.
- The name associated with the ABLE account must match the last name on the bank account connected to it. If you are making a change of name, you might also have to update your bank account information.
- Sign the form using the name of the Authorized Signer on file.

## Need help?

Give us a call Monday – Friday  
from 9am – 5pm PT at

**1-844-999-2253**

Individuals with speech or hearing disabilities may dial 711 to access Telecommunications Relay Service (TRS) from a telephone or TTY.

## Mail the form to:

Oregon ABLE Savings Plan  
P.O. Box 534430  
Pittsburgh, PA 15253- 4430

## Overnight Mail:

Oregon ABLE Savings Plan  
Attention: 534430  
500 Ross Street, 154-0520  
Pittsburgh, PA 15262

## Fax:

833-286-8167

## 1 ABLE 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 account number

## 2 Tell us about the name change

If you need to make a name change for both the Beneficiary and the Authorized Legal Representative, you will need to fill out two separate forms. Both forms will require a notarization acknowledgement.

This change is for:  Beneficiary  Authorized Legal Representative

\_\_\_\_\_  
New name (First and last)

Reason for change:  Marriage  Divorce  Other: \_\_\_\_\_

### 3 Sign the form

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

\_\_\_\_\_  
Signature of Beneficiary or Authorized Legal Representative

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

### 4 A notarization acknowledgement is required for a name change

**Keep in mind that:**

- You're providing the following information as underwritten certification that your signature is genuine.
- You cannot guarantee your own signature. If you're an Authorized Legal Representative, 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 or Authorized Legal Representative

State of Oregon, 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