

**Important information about this form:**

- A separate form is needed for each ABLE account.
- The Beneficiary or the Authorized Legal Representative must sign this form.
- Keep in mind that all communications are sent to the mailing address listed on the ABLE account.
- You can't make withdrawals by check for 15 days following the change of your address unless either this form or the **Withdrawal Form** includes a notarization authorization (**Step 5**).

**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 Beneficiary on the ABLE account (First and last)

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Beneficiary's Social Security or Taxpayer Identification Number

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Oregon ABLE Savings Plan account number

**2 Which addresses do you want to change?**

(Select all that apply if the addresses are the same)

- The Beneficiary's residential address
- The Beneficiary's mailing address
- The ALR's residential address
- The ALR's mailing address

### 3 New address

If the Beneficiary moves out of the state of Oregon, they can keep their ABLE account and continue to use it.

If you're updating the Beneficiary's or ALR's residential address, it cannot be a P.O. box.

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

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

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

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

### 4 Sign the form

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

You can't make withdrawals by check for 15 days following the change of your address unless either this form or the **Withdrawal Form** include a notarization authorization.

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

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

**5 Notarization acknowledgement**

If you want to avoid a 15-day hold period for check withdrawals associated with a change in address, please have your signature notarized below.

**Keep in mind that:**

- If I am an Authorized Legal Representative, I certify that I am authorized to act on behalf of the Account Owner or the Beneficiary in making this request and that this request is in the best interest of the Beneficiary.
- By signing below, I authorize the Plan Manager or its designee to change the address according to the instructions above and waive the 15-day hold period.

**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