

Bank Add/Change Request Form

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.
- The first and 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't make withdrawals for 30 days when you add/change banking information, unless either this form or the Withdrawal 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 1-844-999-2253 or from 6am – 5pm PT at 1-844-888-2253 (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

Want to do this quicker?

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

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 what type of change you want to make

(Please select one)

Update existing bank information

Add a new bank





3	Bank account information
	If you choose to make regular deposits and withdrawals with an ACH bank transfer, attach a voided check or
	apply of your bank statement aboving the name address last 4 digits of the account number and complete t

copy of your bank statement showing the name, address, last 4 digits of the account number and complete the bank information below. (Please do not staple, use a paper clip for the check). Bank account type Checking Savings Name on bank account The first and last name on the bank account needs to be the same as either the Beneficiary or the Authorized Legal Representative. Bank name Need help? You can find your bank information on the bottom of one of your checks here: Bank routing number 1:000000000 0000000000 1000 Account Routing Number Number Bank account number 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 Form includes a Medallion Signature Guarantee. Date (mm/dd/yyyy) Signature of Beneficiary or Authorized Legal Representative







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 **Plan Disclosure Booklet**.

	Have the Authorized Officer stamp here
Signature of Beneficiary or Authorized Legal Representative	
Signature Guarantor	
Title	
Name of Institution	
Date (mm/dd/yyyy)	

