




-  **844.ENABLE4 (844.362.2534)**  
8 a.m. to 8 p.m. Central Time M-F

 [www.EnableSavings.com](http://www.EnableSavings.com)

 **clientservices@EnableSavings.com**

**Enable Savings Plan**  
PO Box 219187  
Kansas City, MO 64121

**Enable Savings Plan**  
**1001 E 101st Terrace, Suite 200**  
**Kansas City, MO 64131**

### 1. Current Account Owner information

-

Account Number

[illegible]

Name of Account Owner (first, middle initial, last)

$$\square\square\square - \square\square\square - \square\square\square\square$$

Telephone Number (In case we have a question about your account.)

## 2. Information to update or change

- \* ENABLING SAVINGS ACCOUNT INFO CHG \*

### 3. Update Account Owner information

- If you are changing your name and/or contact information, provide the new information exactly as you would like it to appear on your Enable Savings Plan account. You do not need to enter information that will not be changed.
- If you are changing your name, you must also provide a copy of an official document that changes your name certified within 60 days of this request (*i.e. Marriage Certificate, Divorce Decree, etc.*).

Name of Account Owner (*first, middle initial, last*)

Permanent Street Address (*P.O. boxes are **not** acceptable.*)

City

State

Zip Code

Account Mailing Address if different from above (*This address will be used as the account's address of record for all account mailings.*)

City

State

Zip Code

Telephone Number (*In case we have a question about your account.*)

Email Address

### 4. Transfer assets to new Account Owner

- All obligations and rights of all of the assets in your account will be transferred to an account owned by a different Account Owner.
- If you transfer ownership, you must also provide a signature guarantee in **Section 11**.
- The new Account Owner must also complete an **Enrollment Form** if an account has not been established by the new Account Owner.

Account Number (*If applicable*)

Name of New Account Owner (*first, middle initial, last*)

Social Security or Taxpayer Identification Number (**Required**)

Birth Date (*mm/dd/yyyy*)

☐ Transfer all assets to the new Account Owner and my account will be closed.

☐ Transfer a portion of my assets as indicated below.

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## 5. Update responsible individual information

*The responsible individual transacts on and manages the account on behalf of the Account Owner. The address of the responsible individual will be used as the account's address of record for all account mailings.*

A. ☐ Parent/Guardian if the Account Owner is a minor *(If replacing, an Enrollment Form signed by the new parent/guardian is required.)*

☐ Replace      ☐ Change information

Authorized Individual (If replacing, an Enrollment Form signed by the new Authorized Individual is required.)

☐ Replace      ☐ Change information

B. Information to change.

Responsible Individual (First name) (m.i.)

Responsible Individual Legal Name (Last name)

–   –      
 Social Security or Taxpayer Identification Number (**Required**)

Permanent Street Address (*P.O. boxes are **not** acceptable.*)

—

Account Mailing Address if different from above (This address will be used as the account's address of record for all account mailings.)

City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

□□□□ – □□□□ – □□□□□□  
Telephone Number (In case we have a question about your account.)

## 6. Update Interested party information

Complete this section if you want to add an individual as an interested party to the account. An interested party will be able to call the Plan, receive information verbally about the account and receive quarterly statements. An interested party will not be allowed to make changes to the account or request transactions. You can also use this section to replace or change existing interested party information on your account. To add or change information for more than one interested party, use a separate sheet.

### Check one.

☐

Add

☐

Replace interested party

☐

Change current information

☐

Delete


























Name (first, middle initial, last)


























Mailing Address


























City



State







Zip Code
































Telephone Number (In case we have a question about your account.)

### Relationship to Account Owner.

☐

Compliance

☐

Investment Advisor

☐

Parent/Guardian

☐

Other

## 7. Successor Account Owner ("SAO") Information (optional)

- As the Account Owner, you may designate a SAO to take control of the account in the event of your death.
- The person you designate as SAO must be an Eligible Individual and at least 18 years old.
- The SAO designation must be submitted and processed while the Account Owner is living.
- An account transfer to an SAO is not treated as a distribution if the new Account owner is an Eligible Individual and a Member of the Family of the Account Owner. If the new Account Owner is **not** an Eligible Individual **and** a Member of the Family of the Account Owner, the transfer is treated as a Non-Qualified Withdrawal
- A Death Certificate for the Account Owner and other documentation will be required before the account is transferred to the SAO.


























Legal Name (First name) /or Trust Name

(m.i.)


























Legal Name (Last name) /or remaining Trust Name


























Birth Date or Trust Date (mm/dd/yyyy)



**10. Signature — YOU MUST SIGN BELOW**

- I certify that I have read, understand, consent, and agree to all the terms and conditions of the Program Disclosure Statement and understand the rules and regulations governing the Enable Savings Plan as they relate to this information change request.
- Please note, that if you transfer your assets to a new Account Owner, that Account Owner must be eligible to open an Enable account, and be a Member of the Family, as defined in the Program Disclosure Statement, and that they may only have one ABLE account nationwide.
- By signing below, I authorize the Program Manager or its designee to change my account information according to the instructions above.
- If I am changing the Account Owner, by signing this form as the current Account Owner, I acknowledge that the transfer is subject to the Program Manager's verification of the new Account Owner. I have consulted with a tax advisor concerning the potential income gift and estate tax consequences of my transfer of ownership before signing and submitting this form.
- If I am a responsible individual, I certify that I am authorized to act on behalf of the Account Owner in making this request. If the account is owned by an minor, I further certify that I am the Parent or Guardian or Authorized Individual of the account.

SIGNATURE

Signature of Account Owner or Responsible Individual

□□ — □□ — □□□□

Date (mm/dd/yyyy)

SIGNATURE

Signature of co-guardian or co-conservator (Only if applicable)

□□ — □□ — □□□□

Date (mm/dd/yyyy)

**11. Medallion Signature Guarantee — REQUIRED FOR CHANGES TO THE ACCOUNT OWNER OF AN EXISTING ACCOUNT, REPLACING PARENT OR GUARDIAN OR AUTHORIZED INDIVIDUAL.**

- You must provide the following information as underwritten certification that your signature is genuine.
- You can obtain a Medallion Signature Guarantee from an authorized officer of a bank, broker, or other qualified financial institution. A notary public cannot provide a Medallion Signature Guarantee, nor can you guarantee your own signature.
- **Do not sign below until you are in the presence of the 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

Signature of Account Owner or Responsible Individual (In the presence of the authorized officer.)

Signature of Guarantor

Title

Name of Institution

□□ — □□ — □□□□

Date (mm/dd/yyyy)

**Authorized Officer to place stamp here**