ENable SAVINGS PLAN

Enable Savings Plan

Account Information Change Form

- Use this form to change: name, mailing address, phone number, email address, responsible individual, or interested party information.
- You may also use this form to transfer assets to a new Account Owner. Please note, the new Account Owner must be an Eligible Individual and a Member of the Family of the existing Account Owner as defined in the Program Disclosure Statement. Eligible Individuals may only have one ABLE account nationwide.
- 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.)
- If you are changing the Account Owner of an existing account, your signature must be Medallion Signature Guaranteed in **Section 9** by an authorized officer of a bank, broker, or other qualified financial institution, and the new Account Owner must include an **Enrollment Form** if an account is not already established.
- Type or print clearly, printing in capital letters and black ink. Please mail the form to the Plan. Do not staple.

Forms can be downloaded from our website at **www.EnableSavings.com**, or you can call us to order any form — or request assistance in completing this form — at 1.**844.362.2534** any business day from 8 a.m. to 8 p.m. Central Time.

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

www.EnableSavings.com

clientservices@EnableSavings.com

Regular mailing address:
Enable Savings Plan
PO Box 219187
Kansas City, MO 64121

Overnight mailing address:
Enable Savings Plan
920 Main Street, Suite 900
Kansas City, MO 64105

1. Current Account Owner information

☐☐☐☐☐☐☐☐☐ – ☐☐
Account Number

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

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

2. Information to update or change

☐ Update Account Owner information — **Section 3** and **8**

☐ Transfer assets to a new Account Owner — **Section 4** and **9**

☐ Update responsible individual information — **Section 5** and **8**

☐ Change responsible individual to new person — **Section 5** and **9**

☐ Update interested party information — **Section 6** and **8**

☐ Change in eligibility basis or status — **Section 7** and **8**

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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 9**.
- 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.)*

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.)*

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. Change in eligibility basis or status

Please select the Account Owner's disability, the onset of which occurred prior to their 26th birthday: *(Please check only one. Please talk with your disability advisor with any questions.)*

☐ Developmental Disorders *(including Autism)*

☐ Intellectual Disability

☐ Psychiatric Disorders

☐ Nervous Disorders *(including blindness and deafness)*

☐ Congenital Anomalies *(including Down Syndrome)*

☐ Respiratory Disorders

☐ Other

Please select the basis for your eligibility: *(Check only one.)*

☐ The Account Owner is eligible to receive Supplemental Security Income benefits.

☐ The Account Owner is eligible to receive Social Security Disability benefits.

☐ The Account Owner has eligibility established by a disability certification.

☐ I am no longer eligible.

8. 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

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Date *(mm/dd/yyyy)*

SIGNATURE

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

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Date *(mm/dd/yyyy)*

9. 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

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