

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 ABL 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)

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

Signature of Guarantor

Title

Title

Name of Institution

Name of Institution

□□ — □□ — □□□□

Date (mm/dd/yyyy)

Authorized Officer to place stamp here

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