ENABLES SAVINGS PLAN **Enable Savings Plan**

Account Information Change Form

Enable Savings Plan

Kansas City, MO 64131

1001 E 101st Terrace, Suite 200

- 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:

1.	Current Account Owner information
	Account Number
	Name of Account Owner (first, middle initial, last)
	Telephone Number (In case we have a question about your account.)
2.	Information to update or change
	Update Account Owner information — Section 3 and 10
	Transfer assets to a new Account Owner — Section 4 and 11
	Update responsible individual information — Section 5 and 10
	Change responsible individual to new person — Section 5 and 11
	Update interested party information — Section 6 and 10
	Change in eligibility basis or status — Section 9 and 10
	Add or change Successor Account Owner — Section 7
	Add or change \$5k or less Inheritor — Section 8



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
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.
\$

5. Update responsible individual information

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 (<i>Required</i>)
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

The responsible individual transacts on and manages the account on behalf of the Account Owner. The address of the responsible

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 acc	ount.)	
Relationship to Account Owner.		
Compliance Investment Advisor	Parent/Guardian Other	
Successor Account Owner ("SAO") Infe	ormation (optional)	
As the Account Owner, you may designate a SA	O to take control of the account in the event of your dea	ath.
• The person you designate as SAO must be an El	igible Individual and at least 18 years old.	
The SAO designation must be submitted and pro	ocessed while the Account Owner is living.	
	a distribution if the new Account owner is an Eligible Incount Owner is not an Eligible Individual and a Member Id Withdrawal	
A Death Certificate for the Account Owner and of	other documentation will be required before the account	it 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)		

8. \$5k or less Inheritor Information (Optional)

I am no longer eligible.

- In the event an Account has designated both a SAO and a \$5k or less Inheritor, the SAO designation will take precedence.
- As the Account Owner, you may designate a \$5k or less Inheritor to receive the assets in your account in the event of your death.
- Account assets must be \$5,000 or less at the time of the Account Owner's death.
- The person you designate as the \$5k or less Inheritor must be at least 18 years old.
- A personal representative of the Account Owner's estate can make the \$5k or less Inheritor designation (if no SAO or \$5k or less Inheritor is on file).
- The \$5k or less Inheritor distribution will be considered a Non-Qualified Withdrawal. A Form 1099-QA will be issued to the Account
 Owner

A Death Certificate for the Account Owner and other documental Inheritor.	tion will be required before the distribution is made to the \$5k or less
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)	
Change in eligibility basis or status	
Please select the Account Owner's disability, the onset of wone. Please talk with your disability advisor with any questions.)	which occurred prior to their 26th birthday: (Please check only
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 Securi	ty Income benefits.
The Account Owner is eligible to receive Social Security Disab	ility benefits.
The Account Owner has eligibility established by a disability of	ertification.

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	Authorized Officer to place atomy have
Signature of Account Owner or Responsible Individual (In the presence of the authorized officer.)	Authorized Officer to place stamp here
Signature of Guarantor	
Title	
Name of Institution	



Date (mm/dd/yyyy)