

8. 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.:

- Investment Advisor
- Parent/Guardian
- Other

9. Change in eligibility basis or status

Please select the Account Owner's disability, the onset of which occurred prior to their 46th 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: (Please 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.

10. Signature — YOU MUST SIGN BELOW

- I certify that I have read, understand, consent, and agree to all the terms and conditions of the Disclosure Booklet and understand the rules and regulations governing NY ABLE 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 a NY ABLE account, and be a Member of the Family, as defined in the Disclosure Booklet, and that they may only have one ABLE account nationwide.
- By signing below, I authorize NY ABLE or its designee to change my account information according to the instructions above.
- If I am an Authorized Individual, I certify that I am authorized to act on the Account Owner’s behalf in making this request.
- If the account is owned by a minor, I certify that I am the Parent or Guardian or Authorized Individual of the Account Owner identified in **Section 1**.

SIGNATURE

Signature of Account Owner, Parent/Guardian or Authorized Individual

□□ — □□ — □□□□

Date (mm/dd/yyyy)

SIGNATURE

Signature of Co-Authorized Individual (Only if applicable)

□□ — □□ — □□□□

Date (mm/dd/yyyy)

11. Medallion Signature Guarantee — REQUIRED FOR TRANSFERS ONLY.

- 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 on this form 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 Disclosure Booklet.

SIGNATURE

Signature of Account Owner, Parent/Guardian or Authorized Individual
(In the presence of the authorized officer.)

SIGNATURE

Signature of Guarantor

SIGNATURE

Signature of Co-Authorized Individual (Only if applicable)

Title

Name of Institution

□□ — □□ — □□□□

Date (mm/dd/yyyy)

Authorized Officer to place stamp here