



-  **855.5NY.ABLE (855.569.2253)**  
8 a.m. to 8 p.m. ET M-F  
**New York State Relay System:**  
**711 or 800-662-1220**

 [clientservices@mynyable.org](mailto:clientservices@mynyable.org)

**NY ABLE**  
**P.O. Box 55087**  
**Boston, MA 02205**

**NY ABLE**  
95 Wells Ave, Suite 155  
Newton, MA 02459

### 1. Existing Account Owner information *(This section must be completed.)*

Account NumberName of Account Owner (first, middle initial, last)Telephone Number

## 2. Information to update or change *(Select all that apply.)*

- ☐ Update Account Owner information — **Section 3** and **10**
- ☐ Transfer assets to a new Account Owner — **Section 4, 10** and **11**
- ☐ Update Parent/Guardian information — **Section 5** and **10**
- ☐ Update Authorized Individual information — **Section 6** and **10**
- ☐ Change Authorized Individual to new person — **Section 6** and **10**
- ☐ Email Address — **Section 7** and **10**
- ☐ Update interested party information — **Section 8** and **10**
- ☐ Change in eligibility basis or status — **Section 9** and **10**

## 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 NY ABLE 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

## 4. Transfer Account to a new Account Owner

- This will transfer ownership of all of the assets in the referenced account to the new Account Owner listed below.
- If you transfer ownership, you must also provide a Medallion Signature Guarantee in **Section 11**.
- The new Account Owner must also complete an **Enrollment Form** if the new Account Owner does not have an account on file..

Account Number (*If applicable*)

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

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

Birth Date/Trust Date (*mm/dd/yyyy*) (**Required**)

## 5. Update Parent/Guardian information

The Parent/Guardian transacts on and manages the account on behalf of the Account Owner. The address of the Parent/Guardian 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

B. Information to change.

Parent/Guardian First Name (m.i.)

Parent/Guardian 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

## 6. Update Authorized Individual information

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

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

☐ Replace      ☐ Change information

B. Information to change.

Authorized Individual First Name (m.i.)

Authorized Individual 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

**7. Email Address** *(One email address can be associated to your account)*

You may receive your statements in paper form by mail or via e-delivery.

If you select electronic delivery (e-delivery) notification for statements and confirmations, you will pay a Quarterly Account Maintenance fee of \$10.00. If you do not select e-delivery notification, you will be charged a Quarterly Account Maintenance Fee of \$12.50.

Once your account is established, you can select e-delivery notification by visiting **[www.MyNYABLE.org](http://www.MyNYABLE.org)**, registering your account online, and selecting e-delivery notification of statements and confirmations when asked for your delivery preference during the registration process. You may also choose to receive your year-end statement via paper delivery and remain eligible for the discounted Quarterly Account Maintenance Fee of \$10.00. If you provide your email address below, we will send you an email with instructions on how to register your account online.

**Please note:** After you select e-delivery notification, if an email is returned as “undeliverable”, we’ll attempt to resend it. If the notice continues to be undeliverable after multiple attempts, your delivery preference will be changed to paper, and statements, confirmations, tax forms and other correspondence will be delivered to you via U.S. Mail and you will not be eligible for the discounted Quarterly Account Maintenance Fee. We reserve the right to discontinue electronic delivery at any time.

Provide your email address below:

Email Address (One email address can be associated to your account)

## 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

[illegible]

Name (first, middle initial, last)

[illegible]

Mailing Address

[illegible]

City

10

State

10/10

Zip Code

—

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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 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:** *(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**