NY ABLE Savings Program

Successor Account Owner/ Successor Authorized Individual Form

- Use this form to add, change or remove a Successor Account Owner or a Successor Authorized Individual for your NY ABLE Account.
- You can have only one Successor Account Owner per Account, and he or she must be a U.S. citizen or resident alien.
- The designated beneficiary must qualify as an Eligible Individual at the date of designation as well as at the death of the primary Account Owner .
- The designated beneficiary must qualify as an eligible individual at the date of designation as well as at the death of the primary account owner.
- The New York ABLE Savings Program Disclosure Booklet and Participation Agreement (Disclosure Booklet) contains important information including, among other information, the objectives, risks, charges, expenses, and restrictions in connection with opening and investing in NY ABLE. Capitalized terms used in this Enrollment Form and not defined, have the meanings provided in the Disclosure Booklet.
- Please note, if you are naming a Successor Account Owner, the Successor Account Owner must be an Eligible Individual and a Member of the Family of the existing Account Owner, both at the time of designation and at the death of the original Account Owner.

Forms can be downloaded from our website at **www. MyNYABLE. org**, or you can call us to order any form—or request assistance in completing this form—at **855. 5NY. ABLE (855. 569. 2253)** any business day from 8 a.m. to 8 p.m. ET.

855.5NY.ABLE (855.569.2253)
8 a.m. to 8 p.m. ET M-F

www.MyNYABLE.org

clientservices@mynyable.org

Regular mailing address:
NY ABLE
P.O. Box 55087
Boston, MA 02205

Overnight mailing address:
NY ABLE
95 Wells Ave, Suite 155
Newton, MA 02459

1. Account Owner information

☐☐☐☐☐☐☐☐☐ – ☐☐
Account Number

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

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Telephone Number

2. Successor Account Owner Information

☐ Add ☐ Change ☐ Remove

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

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Birth Date *(mm/dd/yyyy)*

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Telephone Number

3. Successor Authorized Individual information

☐ Add ☐ Change ☐ Remove

Name of Successor Authorized Individual *(first, middle initial, last)*

Permanent Address *(P.O. boxes are **not** acceptable.)*

City State Zip Code

Account Mailing Address *(if different)*

City State Zip Code

Birth Date *(mm/dd/yyyy)*

4. 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 Successor Account Owner/ Successor Authorized Individual change request.
- 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.

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)*