



Thank you for your interest in ABLE TN! We're excited to be able to help you save for your current and future expenses. To open an ABLE TN Account, you will need your full name, address, date of birth, social security number, and, if you opt to fund your Account through a bank, your bank account information.

Please note, to open an ABLE TN Account as an Authorized Individual on behalf of an Eligible Individual who lacks the ability to contract, the Authorized Individual must be the highest-ranking individual on the list of Authorized Individuals, below, who is willing and able to open and maintain the Account. For each Authorized Individual, official documents as indicated below must be submitted to establish and maintain the account:

Authorized Individual Type:	Typical Documentation:
<b>Power of Attorney</b>	Durable Power of Attorney document or ABLE TN Power of Attorney form signed by the Account Owner and notarized.
<b>Legal Guardian/Conservator</b>	Copy of the court ordered conservatorship, guardianship, or other legal documentation indicating that the right to handle finances for the Eligible Individual has been removed from the individual and granted to the person or entity asserting conservatorship, or guardianship of the Eligible Individual.
<b>Spouse, Parent, Sibling, Grandparent, SSA-appointed Representative Payee</b>	<p>Copy of the Durable Power of Attorney or court documentation (i.e., copy of a court ordered conservatorship, guardianship, or other legal documentation) indicating that the right to handle finances for the Eligible Individual has been removed from the individual and granted to the person or entity asserting power of attorney, conservatorship, or guardianship of the Eligible Individual.</p> <p>Additionally, the power of attorney, court ordered conservator or guardian of the Eligible Individual must complete Section 5 of the Enrollment Application to acknowledge they are aware that this ABLE TN Account is being established on behalf of the Eligible Individual.</p>

Any documentation required above may be attached to and mailed with the completed Enrollment form to the ABLE TN processing address:

**ABLE TN**  
**P.O. Box 55599**  
**Boston, MA 02205-5599**

Alternatively, the documentation may be submitted via e-mail at [ABLE.TN@tn.gov](mailto:ABLE.TN@tn.gov) or via facsimile at (615) 401-6816.

If an adult Account Owner with legal capacity to enter a contract wishes to allow an Authorized Individual to open and maintain an Account, he or she must submit a Power of Attorney, signed by the Account Owner and notarized. A Power of Attorney Form is available at [ABLETN.gov](http://ABLETN.gov) Please proceed to the next page to complete the Enrollment Application.



## ABLE TN Enrollment Application

### IMPORTANT INFORMATION ABOUT OPENING A NEW ACCOUNT.


**Establishment and Signatory of an ABLE TN Account** - An Account may be established by an Eligible Individual or an Authorized Individual, as defined in the Program Disclosure Brochure.

There will be certain documentation required for the establishment of an Account for any person or entity asserting Signatory Authority as a Authorized Individual.

We are required by federal law to obtain from each person who opens an Account certain personal information—including name, social security number, street address, and date of birth, among other information—that will be used to verify their identity. If you do not provide us with this information, we will not be able to open an Account. If we are unable to verify your identity, we reserve the right to close your Account or take other steps we deem reasonable.

- Online enrollment is available at **ABLETN.gov**.
- The Account can only be opened for an Eligible Individual. The Eligible Individual is the Account Owner.
- An Eligible Individual can only have one ABLE account nationwide.
- The ABLE TN Disclosure Brochure contains important information about ABLE TN including, among other information, the objectives, risks, charges, expenses, and restrictions in connection with opening and investing in ABLE TN. Capitalized terms used in this Enrollment Application and not defined, have the meanings provided in the ABLE TN Disclosure Brochure.
- Type or print clearly, printing in capital letters and black ink. Please mail the form to ABLE TN. Do not staple.

Forms can be downloaded from our website at **ABLETN.gov**, or you can call us to obtain any form—or request assistance in completing this application—at **855.922.5386** any business day from 8:00 a.m. to 4:30 p.m. CT.

 **855.922.5386**  
8:00 a.m. to 4:30 p.m. CT M-F

 **AbleTN.gov**

 **ABLE.TN@tn.gov**

Regular mailing address:  
**ABLE TN**  
**P.O. Box 55599**  
**Boston, MA 02205-5599**

Overnight mailing address:  
**ABLE TN**  
**95 Wells Ave, Suite 155**  
**Newton, MA 02459-3204**



**1. Account type**

Check one:

- I am opening the Account for myself. I am the individual with a disability (the “Eligible Individual”), and I am opening an Account for myself.** *This will be an Individual Account. (Note: if you are NOT the Eligible Individual, you may NOT open an Individual Account for him/her. Please refer to the other account types below).*
- I am opening the Account for an eligible adult who has the capacity to contract. I am a person or entity selected by the individual with a disability (the “Eligible Individual”) to open and maintain an Account on his or her behalf. As the person or entity selected by the Eligible Individual, I will be an Authorized Individual on the Account. Accordingly, I must submit either a Power of Attorney document or the ABLÉ TN Power of Attorney form.** By checking this box, I understand I am required to complete **Section 3** of this form. If you are acting on behalf of an entity, please provide a letter on company letterhead signed by the Executive Director or equivalent containing the names of individuals with your company who have authority to act on behalf of the entity as it relates to this ABLÉ TN Account. (Note: This designation is revocable at any time by and at the discretion of the Eligible Individual or by any subsequent court order).
- I am the person with legal authority over the eligible minor for purposes of the ABLÉ TN account. I am asserting Signatory Authority as the Parent or Guardian of a child with a disability who is younger than 18 (the “Eligible Individual”) and, therefore, lacks the ability to contract. I am opening an Account for the Eligible Individual.** This will be a Parent/Guardian Account. By checking this box, I understand I am required to complete **Section 3** of this form. (Note: I understand that the minor child Eligible Individual will be the Account Owner, and I may act as an Authorized Individual to establish and maintain the Account only until he or she reaches age 18, because a child under the age of 18 does not have the legal capacity to open an Account).
- I am opening the account for an eligible adult who does not have the ability to contract. I am asserting Signatory Authority as an Authorized Individual. By checking this box, I understand I am required to complete Section 3 of this form. As an Authorized Individual, I will fall into one of the categories below:**
- (1) I am the power of attorney under a durable power of attorney, the conservator or legal guardian of the Eligible Individual. Consequently, I have enclosed either a copy of the Durable Power of Attorney or court documentation (i.e., copy of your court ordered conservatorship, guardianship, or other legal documentation) indicating that the right to handle finances for the Eligible Individual has been granted to me.**
- (2) I am NOT the power of attorney, the conservator or legal guardian of the Eligible Individual, but I am one of the following: (i) the spouse of the Eligible Individual; (ii) a parent of the Eligible Individual; (iii) a sibling of the Eligible Individual; (iv) a grandparent of the Eligible Individual; or a representative payee appointed for the Eligible Individual by the Social Security Administration. By checking this box, I understand I am required to complete Section 3 of this form. Also, I understand that I must enclose either a copy of the Durable Power of Attorney or court documentation (i.e., copy of a court ordered conservatorship, guardianship, or other legal documentation) indicating that the right to handle finances for the Eligible Individual has been removed from the individual and granted to the person or entity with power of attorney, conservatorship, or guardianship of the Eligible Individual. I understand that that person or entity must also complete Section 5 of this form to acknowledge they are aware that I am opening this ABLÉ TN account on behalf of the Eligible Individual.**



**3. Authorized Individual** (Do not complete this section if you are opening an Account for yourself. All information is required in this section if you are an Authorized Individual who is opening the Account on behalf of the Account Owner.)

Complete this section if you are opening an Account as an Authorized Individual (parent or other person with the authority to open the Account) of a minor Account Owner or as an Authorized Individual of an adult Account Owner who either (1) lacks the capacity to contract and for whom you have authority to act, or (2) has legal capacity to contract and has granted you power of attorney.

The Authorized Individual is the person who can transact on the Account on behalf of the Account Owner. The Authorized Individual may be the Account Owner's agent under a power of attorney, a conservator or legal guardian, spouse, parent, sibling, grandparent of the Account Owner, or a representative payee appointed for the Account Owner by the Social Security Administration, **in that order**.

The Authorized Individual's address listed in **Section 3** will be used as the Account's address of record for all Account mailings.

**Note:** If more than one individual has the authority to manage the Account on behalf of the Account Owner either because the Account Owner has appointed more than one individual or as indicated by any authorizing documentation, please complete **Sections 3 and 4**. If the legal documentation providing the authority to be an Authorized Individual requires (not just permits) that more than one person sign legal documents, all required individuals must be Co-Authorized Individuals. It is the responsibility of the Authorized Individual(s) to manage the Account in accordance with any legal documentation such as letters of conservatorship, or powers of attorney that may require the Authorized Individuals to act together. It is the duty of the Authorized Individuals to reach agreement, if necessary, before either Authorized Individual takes any actions in managing the Account.

**Required:** I hereby certify under penalties of perjury that I am: (select the highest one under which you are asserting Signatory Authority that applies below); listed in order of importance from highest (1) to lowest (7)):

- 1. Power of Attorney
- 2. Conservator OR Legal Guardian
- 3. Spouse
- 4. Parent
- 5. Sibling
- 6. Grandparent
- 7. SSA-appointed Representative Payee

I \_\_\_\_\_ (first and last name) hereby certify under penalties of perjury that I am the above-selected Authorized Individual type and that the legal documentation I provided is true and correct. I further certify under penalties of perjury that no other individual or entity that is willing and able to act as Authorized Individual ranks higher on the above list of possible Authorized Individuals, and that I will notify ABLE TN if my authority expires or is removed.

(m.i.)  
Authorized Individual's First Name

Authorized Individual's Last Name

-  -   
Social Security or Taxpayer Identification Number

-  -   
Birth Date (mm/dd/yyyy)

Citizenship (If other than U.S. citizen, please indicate country of citizenship.)

-  -   
Telephone Number

Check if address is the same as Account Owner, otherwise complete the following:

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

State  -   
City Zip Code

Mailing Address (This address will be used as the Authorized Individual's address of record for all Account mailings.)

State  -   
City Zip Code

**4. Co-Authorized Individual** (Complete this Section only (i) if the Eligible Individual is an adult who has the capacity to contract and selected another person in addition to the person listed in Section 3 to be an Authorized Individual [as show either on the Power of Attorney document or the ABL TN Power of Attorney form submitted with this form], or (ii) if the Eligible Individual lacks the capacity to contract and the authorizing documentation [i.e., power of attorney, conservatorship, guardianship or other court documentation] permits or requires a person in addition to the Authorized Individual listed in Section 3 above to handle the Eligible Individual's finances. All fields are required).

Co-Authorized Individual's First Name

Co-Authorized Individual's Last Name

Social Security or Taxpayer Identification Number

Birth Date (mm/dd/yyyy)

Citizenship (If other than U.S. citizen, please indicate country of citizenship.)

Telephone Number

Check if address is the same as Account Owner, otherwise complete the following:

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

City State Zip Code

Mailing Address (This address will be used as the Authorized Individual's address of record for all Account mailings.)

City State Zip Code

**5. Agent under a Durable Power of Attorney, Conservator or Legal Guardian** (The person or entity with power of attorney, conservatorship, or guardianship of the Eligible Individual must complete this section if the person or entity establishing this ABL TN Account is not the power of attorney, conservator, or legal guardian. The purpose of completing this section is for the power of attorney, conservator or legal guardian to acknowledge they are aware that this ABL TN account is being established on behalf of the Eligible Individual by the person(s) or entity named in Section 3 of this form.

I \_\_\_\_\_ am the Agent under a Durable Power of Attorney, Court Appointed

first and last name

Conservator, or Legal Guardian over the finances for \_\_\_\_\_ . I am unable or

first and last name of individual with disability

unwilling to open and maintain the account for \_\_\_\_\_ , and I acknowledge that

first and last name of individual with disability

\_\_\_\_\_ is the \_\_\_\_\_ , and he/she/it will

name of person/entity named in Section 3 first name & last name

Authorized Individual type in Section 3

establish the account and have signatory authority for the account. I will notify ABL TN if my authority as an agent under a durable power of attorney/ Conservator/ guardian changes.

Signed on this \_\_\_\_\_ date by \_\_\_\_\_ printed name

Address

City State Zip Code

Telephone Number

Email address

SIGNATURE

Signature

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

**IMPORTANT:** Once your account is established, you can select e-delivery notification by visiting **AbleTN.gov**, registering your account online, and selecting e-delivery notification of statements and/or confirmations when asked for your delivery preference during the registration process. 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.

Please provide your email address below:

Email Address

### 7. Investment Option Selection

- Before choosing your Investment Option(s), please read the ABLE TN Disclosure Brochure, available at **AbleTN.gov** which contains important information about the Investment Options.
- Please select one or more Investment Options from the choices below. If you choose one Investment Option, please indicate 100% next to that option. If you choose more than one Investment Option, please indicate the percentage amount of the contribution you would like invested into each of the selected Investment Options.
- All future contributions will follow the same percentages unless otherwise indicated.
- Use whole percentages only.
- Your total Investment Option percentages must equal **100%**.

#### Growth Options

TN Aggressive Growth Fund	<input type="text"/> <input type="text"/> <input type="text"/> %
TN Emerging Markets Stock Fund	<input type="text"/> <input type="text"/> <input type="text"/> %
TN Total International Stock Fund	<input type="text"/> <input type="text"/> <input type="text"/> %
TN Real Estate Fund	<input type="text"/> <input type="text"/> <input type="text"/> %
TN Small Cap Fund	<input type="text"/> <input type="text"/> <input type="text"/> %
TN US Large Cap Value Fund	<input type="text"/> <input type="text"/> <input type="text"/> %
TN Total Stock Market Fund	<input type="text"/> <input type="text"/> <input type="text"/> %

#### Balanced Option

TN Balanced Fund	<input type="text"/> <input type="text"/> <input type="text"/> %
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#### Conservative Options

TN Total International Bond Fund	<input type="text"/> <input type="text"/> <input type="text"/> %
TN High-Yield Corporate Fund	<input type="text"/> <input type="text"/> <input type="text"/> %
TN Core Plus Bond Fund	<input type="text"/> <input type="text"/> <input type="text"/> %
TN Total Bond Fund	<input type="text"/> <input type="text"/> <input type="text"/> %
TN Short-Term Corporate Fund	<input type="text"/> <input type="text"/> <input type="text"/> %
TN Short-Term Inflation Protected Securities Fund	<input type="text"/> <input type="text"/> <input type="text"/> %
TN Money Market Fund	<input type="text"/> <input type="text"/> <input type="text"/> %

#### Total

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%

ABLE TN also offers a **Systematic Exchange Program**. A Systematic Exchange Program is a method of automatically moving money from one Investment Option to another Investment Option. If you are interested in participating in this, please complete the **Account Financial Features Form available online at AbleTN.gov**. If you establish a Systematic Exchange Program at the time of your enrollment, it will not be deemed an investment election change for purposes of the twice per calendar year limit. If you establish a Systematic Exchange Program after your enrollment, it will count as an investment election change against that limit.



## 8. Contribution Method

- Your initial contribution can come from several sources, but you must check at least one source. If you combine sources, check the appropriate box for each source and write in the contribution amount for each.
- Contributions will be held for 10 calendar days before becoming available for withdrawal.
- The initial minimum contribution into an ABLE TN account is \$25.

**Source of funds** (Check all that apply.):

A.  **Check.**

**Important:** All checks must be payable to **ABLE TN**.

\$    ,    .     
Amount

B.  **Recurring contributions.** You can have a set amount automatically transferred from a bank, savings and loan, or credit union account monthly or quarterly. Money will be transferred into your ABLE TN Account electronically based on the frequency indicated below. You may change the amount and/or frequency at any time by logging into your Account at **AbleTN.gov** or by calling **855.922.5386**. Account Owners, family members, and friends can all contribute to an ABLE TN Account through recurring contributions. To add additional recurring contribution instructions or multiple bank accounts, attach a separate sheet with the information requested in **Sections 8B** and **9** for each additional recurring contribution instruction or bank account.

**Important:** To set up this option, you must provide bank information in **Section 9**. If the Bank Account Owner is not the same as the Account Owner or the Authorized Individual, complete an **Account Financial Features Form** available online at **AbleTN.gov**.

**Amount of Debit:**  \$25  \$50  \$100  \$150  Other \$    ,    .     
Amount

**Frequency (Check One):**  Monthly  Quarterly (Every three months)

**Start Date:\***    -    -      
Date (mm/dd/yyyy)

\*ABLE TN must receive instructions at least 3 business days prior to the start date specified; otherwise, debits from a bank account will begin the following month on the day specified. Please review your quarterly statements for details of these transactions. If the date is not specified, this recurring contribution option will begin the month following the receipt of this request, on the 10th day of the month.

C.  **Payroll Direct Deposit.** If you want to make contributions to your ABLE TN Account directly from a paycheck, you must contact your employer's payroll office to verify that you can participate. Payroll Direct Deposit contributions will not be made to your Account until you have received a **Payroll Direct Deposit Confirmation Form** from ABLE TN, provided your signature, and your Social Security or taxpayer identification number on the form, and submitted the form to your employer's payroll office.

Amount of Payroll Direct Deposit each pay period: \$     .

**Important:** Check here if you are an employee of the State of Tennessee.

D.  **Electronic Fund Transfer (EFT).** Through EFT, you can make contributions online at any time by transferring money from a bank account. We will keep the bank information on file for future EFT contributions. To set this up, you must provide bank information in **Section 9**. (The amount below will be a one-time EFT contribution to open your Account.)

\$    ,    .     
Amount

E.  **Rollover from another state's ABLE program to ABLE TN.** Complete and include an **Incoming Rollover Form**, available online at **AbleTN.gov**, or by calling **855.922.5386**. By law, rollovers between ABLE plans for the same Account Owner are permitted only once every 12 months.

\$     ,    .     
Amount

**9. Bank Information.** Required to establish the recurring contributions or EFT service. Recurring contributions and EFT contributions can be made only through accounts held by a U.S. bank, savings and loan association, or credit union that is a member of the Automated Clearing House (ACH) network. Money market mutual funds and cash management accounts offered through non-bank financial companies cannot be used.

**Important:** By signing this Enrollment Application, you agree and confirm that your ACH transactions will not involve the branches or offices of a bank or other financial services company located outside the territorial jurisdiction of the United States.

Please check this box to confirm that your electronic transfers won't involve a bank or other financial services company, including any branch or office, located outside the territorial jurisdiction of the United States. If you're unable to confirm this, your recurring contribution or EFT request may not be processed.

Bank Name

Bank Routing Number

Bank Account Number

Account Type:  
(Check One)

Checking

Savings

If Bank Account Owner is not the same as the Account Owner or the Authorized Individual, complete an **Account Financial Features Form** available online at **AbleTN.gov**.

**Names on Bank Account**

Name (first, middle initial, last)

Name (first, middle initial, last)

**10. Signature—YOU MUST SIGN BELOW**

1. By signing below, I hereby acknowledge that I have received, read, understand, and agree to the terms and conditions of the ABLE TN Disclosure Brochure as in effect on the date hereof which governs all aspects of this Account and is incorporated herein by reference. I will retain a copy of the ABLE TN Disclosure Brochure for my records. Additionally, I agree to be bound by the terms and conditions of any Supplement to the ABLE TN Disclosure Brochure issued by ABLE TN during the time that I am an Account Owner or Authorized Individual. Such documents may contain additional information regarding investment objectives, risks, charges or other material facts.
2. I certify under penalty of perjury that all of the information I have provided on this form is accurate and complete, including without limitation, the information regarding the Account Owner's disability and the Account Owner's status as an Eligible Individual.
3. I certify that I will promptly notify ABLE TN if changes in the Account Owner's condition would result in the Account Owner no longer qualifying as an Eligible Individual, changes in Power of Attorney, and changes in other information required by ABLE TN.
4. I acknowledge and agree that I am bound by the terms, rights and responsibilities stated in the ABLE TN Disclosure Brochure and this form, and by any and all statutory, administrative and operating procedures that govern ABLE TN.
5. I understand that the ABLE TN Disclosure Brochure, all subsequently added Supplements to the ABLE TN Disclosure Brochure, Enrollment Application and any subsequent forms signed by me constitute the entire agreement between me and ABLE TN. No person is authorized to make an oral modification to this agreement.
6. If the Account Owner is an Eligible Individual based on SSI or SSDI Benefits Eligibility, I certify under penalty of perjury that the Account Owner (1) is entitled to benefits based on blindness or disability under Title II or XVI of the Social Security Act and has received a benefit verification letter from the Social Security Administration and agrees to retain and provide the letter (or a genuine copy of the letter or other evidence) to ABLE TN, the State of Tennessee Administrator, the IRS, or the U.S. Treasury Department upon request; and (2) the Account Owner's disability was present before the Account Owner attained age 26.
7. If the Account Owner is an Eligible Individual based on Certification Eligibility, I certify under penalty of perjury that the Account Owner (A) (1) is blind (within the meaning of section 1614(a)(2) of the Social Security Act) or has a medically determinable physical or mental impairment, which results in marked or severe functional limitations, and which (i) can be expected to result in death or (ii) has lasted or can be expected to last for a continuous period of not less than 12 months; and (2) possesses a written diagnosis related to the impairment signed by a physician that meets Social Security Act criteria; and (3) has an impairment that occurred before the date on which the Account Owner attained age 26; or (B)(1) has a condition listed in the "List of Compassionate Allowances Conditions" maintained by the Social Security Administration and that such condition occurred before the date on which the Account Owner attained age 26.
8. I understand that:
  - i. my investments are not deposits or obligations of, nor guaranteed by, any financial institution;
  - ii. my investments are subject to investment risks, including possible loss of the principal amount invested; and
  - iii. investment returns are not guaranteed and past performance does not guarantee future results.

I understand both the principal I contribute to my Account and any investment returns are not guaranteed by ABLE TN, the State of Tennessee, Ascensus College Savings Recordkeeping Services, LLC and its affiliates, and their respective agents, employees and affiliates, (collectively, "ABLE TN Associated Persons"), and are subject to investment risks including the loss of the principal amount invested.

9. I understand that participation in ABLE TN does not guarantee that contributions and the investment return on contributions, if any, will be adequate to cover the Qualified Disability Expenses of the Account Owner.
10. I understand that there is no guarantee that ABLE TN will continue to meet the requirements of Section 529A of the Code or that my Account will continue to be eligible to receive the benefit of that Section.
11. If I am rolling over assets from another ABLE program, by signing below I certify under penalties of perjury that there has not been a rollover for the benefit of the Account Owner during the prior 12-month period. I further understand that moving assets among investment options within ABLE TN will count towards my permitted twice per calendar year Investment Option change limit.

**Signature (cont.)**

12. If I have chosen the recurring contributions or EFT option, I authorize ABLE TN and its designees, upon written, telephone or online request, to pay amounts representing redemptions made by me or to secure payment of amounts invested by me, by initiating credit or debit entries to my account at the bank named in **Section 9**. I authorize the bank to accept any such credits or debits to my account without responsibility to their correctness. I acknowledge that the origination of ACH transactions involving my bank account must comply with U.S. law. I further agree that the Plan Administrators will not incur any loss, liability, cost, or expense for acting upon my telephone or online request. I understand that this authorization may be terminated by me at any time by notifying ABLE TN and the bank by telephone or in writing, and that the termination request will be effective as soon as ABLE TN and the bank have had a reasonable amount of time to act upon it. I certify that I have authority to transact on the bank account identified by me in **Section 9**.
13. If I am opening the Account for myself, I certify under penalties of perjury that I am of legal age in my state of residence and have the legal capacity to contract. If I am opening the Account as the Authorized Individual for a minor child, I certify under penalties of perjury that I am of legal age in my state of residence and that I am either the parent of the Account Owner or a person with appropriate authorizing documentation that grants me the ability to manage an ABLE account for the Account Owner, including the ability to open, transact and maintain an Account on behalf of the Account Owner. If I am opening the Account as the Authorized Individual for an adult, I certify under penalties of perjury that I am of legal age in my state of residence and that I have appropriate authorizing documentation that grants me the ability to manage an ABLE account for the Account Owner, including the ability to open, transact and maintain an Account on behalf of the Account Owner.
14. To the best of my knowledge, I certify under penalties of perjury that no other ABLE program account exists for the benefit of the Account Owner, except in the case of a Rollover from another ABLE program. If I am establishing this Account through a Rollover from an account in another ABLE program, I agree to close the other account no later than the 60th day after the amount was distributed from the other ABLE program account. I acknowledge that failure to do so will result in my Account not being treated as an ABLE program Account. The consequences of an Account not being treated as a qualified ABLE program Account may include loss of favorable tax treatment and could lead to loss of eligibility for resource-based benefits such as SSI.
15. I agree to promptly inform ABLE TN in the event that any of the foregoing certifications becomes untrue. I understand and acknowledge that ABLE TN has the right to suspend or terminate the Account and return the balance of the Account (which withdrawal may be a Non-Qualified Withdrawal) to the Account Owner, as applicable, if ABLE TN has reasonable grounds to believe that any of the foregoing certifications is untrue.

SIGNATURE

Signature of Account Owner (or Authorized Individual listed in **Section 3**)

□□ — □□ — □□□□

Date (mm/dd/yyyy)

SIGNATURE

Signature of Co-Authorized Individual listed in **Section 4** (Only if applicable)

□□ — □□ — □□□□

Date (mm/dd/yyyy)

**11. Additional Information** (Optional)**How did you hear about ABLE TN?** (Select One)

- |  |                                   |
|--|-----------------------------------|
| <input type="checkbox"/> Family/Friend   | <input type="checkbox"/> Advisor  |
| <input type="checkbox"/> Organization    | <input type="checkbox"/> Ad       |
| <input type="checkbox"/> Employer        | <input type="checkbox"/> Email    |
| <input type="checkbox"/> School Event    | <input type="checkbox"/> Magazine |
| <input type="checkbox"/> ABLE TN Website | <input type="checkbox"/> Mailing  |
| <input type="checkbox"/> Other           |                                   |

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