

ABLE TN

Account Information Change Form

- Use this form to change: name, mailing address, phone number, email address, Authorized 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 ABLE TN Disclosure Brochure. 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. This document must have been 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 10** by an authorized officer of a bank, broker, or other qualified financial institution, and the new Account Owner must include an **Enrollment Application** 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 **AbleTN.gov**, or you can call us to order any form — or request assistance in completing this form — at **855.922.5386** any business day from 8:00 a.m. to 4:30 p.m. CT.

 -	855.922.5386
·U	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. Current Account Owner Information		
	Account Number	
	Name of Account Owner (first, middle initial, last)	
	Telephone Number	
2.	Information to update or change	
	Update Account Owner information — Section 3 and 8	
	Transfer assets to a new Account Owner — Section 4, 8 and 9	
	Update Authorized Individual information — Section 5 and 8	
	Change Authorized Individual to new person — Section 5 and 8	
	Update Delivery Method — Section 6 and 8	
	Change in eligibility basis or status — Section 7 and 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 ABLE TN 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. This document must have been 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)	dress of record for all account mailings.)						
City	State Zip Code						
Telephone Number							
Transfer assets to a new Account Owner							
This will transfer ownership of all of the assets in the referenced Account:	to the new Assempt Owner listed below						
·							
• If you transfer ownership, you must also provide a Medallion Signature Guarantee in Section 10 .							
• The new Account Owner must also complete an Enrollment Application 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 (Required)	Birth Date/Trust Date (mm/dd/yyyy) (Required)						

5. Update Authorized Individual information

Individual will be used as the account's address of record for all account mailings.

Parent/Guardian if the Account Owner is a minor (If replacing, an Enrollment Application signed by the new parent/guardian is required.) Change information Replace Authorized Individual (If replacing, an Enrollment Application signed by the new Authorized Individual is required.) Replace Change information B. Information to change. Authorized Individual (First name) (m.i.) Authorized Individual Legal Name (Last name) Social Security Number (Required) Permanent Street Address (P.O. boxes are not acceptable.) State Zip Code City 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 Authorized Individual transacts on and manages the account on behalf of the Account Owner. The address of the Authorized

Telephone Number

6.	Email Address	One email address can be associated to	your account):
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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					
Change in eligibility basis or status					
Please select the Account Owner's disability, the onset of which occurred prior to their 26th birthday: (The following information is required by the federal government and will only be used for aggregate reporting purposes. Report only one primary code number for an Account Owner. If more than one code applies, select the most significant code.)					
Code 1 - Developmental Disorders: Autistic Spectrum Disorder, Asperger's Disorder, Developmental Delays and Learning Disabilities					
Code 2 - Intellectual Disability: May be reported as mild, moderate, or severe intellectual disability					
Code 3 - Psychiatric Disorders: Schizophrenia, Major depressive disorder, Post-traumatic stress disorder (PTSD), Anorexia nervosa, Attention deficit/hyperactivity disorder (AD/HD), Bipolar disorder					
Code 4 - Nervous Disorders: Blindness, Deafness, Cerebral Palsy, Muscular Dystrophy, Spina Bifida Juvenile-onset Huntington's disease, Multiple sclerosis, Severe sensorineural hearing loss, Congenital cataracts					
Code 5 - Congenital Anomalies: Chromosomal abnormalities, including Down Syndrome, Osteogenesis imperfecta, Xerodermatic pigmentosum, Spinal muscular atrophy, Fragile X syndrome, Edwards syndrome					
Code 6 - Respiratory Disorders: Cystic Fibrosis					
Code 7 - Other: Includes Tetralogy of Fallot, Hypoplastic left heart syndrome, End-stage liver disease, Juvenile-onset rheumatoid arthritis, Sickle cell disease, Hemophilia, and any other disability not listed under Codes 1 - 6					
Basis under which ABLE eligibility is asserted: (Select only one)					
The Account Owner is entitled to Supplemental Security Income benefits under Title XVI of the Social Security Act. (SSI Benefits Eligibility)					
The Account Owner is entitled to Social Security Disability benefits under Title XVI of the Social Security Act. (SSDI Benefits Eligibility)					
The Account Owner self-certifies that he or she meets the Disability Certification requirement, including possessing a written disability-related diagnosis signed by a physician who meets Social Security Act criteria. (Certification Eligibility) Please DO NOT					

submit your written disability-related diagnosis, only check this box and keep your diagnosis documentation with you.

8. Signature — YOU MUST SIGN BELOW

- I certify that I have read, understand, consent, and agree to all the terms and conditions of the ABLE TN Disclosure Brochure and understand the rules and regulations governing ABLE TN 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 ABLE TN
 account, and be a Member of the Family, as defined in the ABLE TN Disclosure Brochure, and that they may only have one ABLE
 account nationwide.
- By signing below, I authorize ABLE TN 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 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, Authorized Individual, or Authorized Agent with Level 4 Authorization (In the presence of the authorized officer.)	Date (mm/dd/yyyy)
SIGNATURE Signature of Co-Authorized Individual (Only if applicable)	

9. 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 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 ABLE TN Disclosure Brochure.

Signature of Account Owner, Authorized Individual, or Authorized Agent with Level 4 Authorization (In the presence of the authorized officer.) Signature of Guarantor Title	SIGNATURE	Authorized Officer to place stamp here
Title	Signature of Account Owner, Authorized Individual, or Authorized Agent with Level 4 Authorization	Authorized officer to place stamp here
Title		
	Signature of Guarantor	
Name of Institution	Title	
Name of Institution		
Nume of institution	Name of Institution	

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