



Arkansas ABLE Account Information Change Form

- Use this form to update Account Owner information, transfer account ownership to another Account Owner, change or update Authorized Individual information, change or update eligibility basis or status.
- If you are changing the Account Owners, your signature must be notarized in **Section 9**. The new Account Owner must also complete and submit an **Enrollment Form**.
- If you are transferring Account Ownership, the new Account Owner must be an Eligible Individual and a Member of the Family of the existing Account Owner as defined in the Arkansas ABLE Disclosure Documents.
- 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. (i.e. Marriage Certificate, Divorce Decree, etc.)
- 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 **ar.savewithable.com**, or you can call us to order any form — or request assistance in completing this form — at **1.888.609.8874** any business day from 8 a.m. to 5 p.m. ET.

1.888.609.8874
8 a.m. to 5 p.m. ET M-F

ar.savewithable.com

ar.clientservice@savewithable.com

Regular mailing address:

**Arkansas ABLE
P.O. Box 219092
Kansas City, MO 64121**

Overnight mailing address:

**Arkansas ABLE
920 Main Street, Suite 900
Kansas City, MO 64105**

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 Account Ownership 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**
- Email Address — **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 Arkansas ABLE account. You do not need to enter information that will not be changed.

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 assets to a new Account Owner

- This will transfer ownership of all of the assets in the referenced account in **Section 1** to the new Account Owner listed below.
- To transfer ownership, you must also provide a Notarized Signature in **Section 9**.
- The new Account Owner must also complete an **Enrollment Form** if the new Account Owner does not have an account.

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)**

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 **ar.savewithable.com**, 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 select electronic delivery (e-delivery) notification for statements and/or confirmations, your Quarterly Account Maintenance Fee will be discounted by \$3.75. You may also choose to receive your year-end statement via paper delivery and remain eligible for the discount. If you provide your email address below, we will send you an email with instructions on how to register your account online.

If you plan to or have invested in the Checking Option, you will need to separately log into www.53.com to change your delivery preferences. By selecting electronic statement delivery you will be eligible to receive a waiver of the monthly service fee of \$2.00. To update your statement delivery preferences for your Checking Option, please log into www.53.com once you obtain your free debit card.

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.

Please provide your email address below:

Email Address

7. 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, Xerodermic 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 II of the Social Security Act. *(SSDI Benefits Eligibility)*
- The Account Owner is entitled to receive Social Security disability benefits (SSI or SSDI) or has a similarly severe disability and possesses a written diagnosis from a licensed physician. *(To open an account under this basis you hereby certify that the Account Owner has a physical or mental disability that can be expected to last for at least a year or can cause death; or the Account Owner is blind; or the Account Owner’s disability is included on the Social Security Administration’s List of Compassionate Allowances Conditions; and such blindness or disability occurred before age 26.)* Please **DO NOT** submit your written disability-related diagnosis, only check this box and keep your diagnosis documentation with you.

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