



DC ABLE

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 DC 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 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 9** by an authorized officer of a bank, broker, or other qualified financial institution, and the new Account Owner must include an **Enrollment Form** 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.

1.888.609.3458
8 a.m. to 5 p.m. ET M-F

dc.savewithable.com

dc.clientservice@savewithable.com

Regular mailing address:
**DC ABLE
P.O. Box 219235
Kansas City, MO 64121**

Overnight mailing address:
**DC ABLE
920 Main Street, Suite 900
Kansas City, MO 64105**

Forms can be downloaded from our website at **dc.savewithable.com**, or you can call us to order any form — or request assistance in completing this form — at **1.888.609.3458** any business day from 8 a.m. to 5 p.m. ET.

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**
- Email Address — **Section 6 and 8**
- Change in eligibility basis or status — **Section 7 and 8**



* DC ABLE ACCT INFO CHANGE *

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 **dc.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, Serve 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 DC ABLE Disclosure Documents and understand the rules and regulations governing DC 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 DC ABLE account, and be a Member of the Family, as defined in the DC ABLE Disclosure Documents, and that they may only have one ABLE account nationwide.
- By signing below, I authorize the Program Manager 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 a minor, I further certify that I am the Parent or Guardian or Authorized Individual of the account.

SIGNATURE

Signature of Account Owner or Authorized Individual

□□ — □□ — □□□□

Date (mm/dd/yyyy)

SIGNATURE

Signature of Co-Authorized Individual (Only if applicable)

□□ — □□ — □□□□

Date (mm/dd/yyyy)

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 DC ABLE Disclosure Documents.

SIGNATURE

Signature of Account Owner or Authorized Individual (In the presence of the authorized officer.)

Signature of Guarantor

Title

Name of Institution

□□ — □□ — □□□□

Date (mm/dd/yyyy)

Authorized Officer to place stamp here

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