



Kansas ABLE Savings Plan

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 Kansas ABLE Savings Plan 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 ks.savewithable.com, or you can call us to order any form—or request assistance in completing this form—at 1.888.609.8919 any business day from 8 a.m. to 5 p.m. CT.

-	1.888.609.8919												
J ::::	8 a.m. to 5 p.m. CT M-F												

ks.savewithable.com

ks.clientservice@savewithable.com

Regular mailing address:

Kansas ABLE Savings Plan P.O. Box 219266 Kansas City, MO 64121

Overnight mailing address:

Kansas ABLE Savings Plan 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



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3. Update Account Owner Information

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Telephone Number

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 Form signed by the new parent/guardian is required.) Replace Change information Authorized Individual (If replacing, an Enrollment Form 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 or Taxpayer Identification Number (Required) 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.) Zip Code City State

The Authorized Individual transacts on and manages the account on behalf of the Account Owner. The address of the Authorized

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 **ks.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.

Quarterly Account Maintenance Fee. We reserve the right to discontinue electronic delivery at any time.
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 rheumatoic 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

only check this box and keep your diagnosis documentation with you.

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,



8. Signature — YOU MUST SIGN BELOW

- I certify that I have read, understand, consent, and agree to all the terms and conditions of the Kansas ABLE Savings Plan Disclosure Documents and understand the rules and regulations governing the Kansas ABLE Savings Plan 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 Kansas ABLE Savings Plan account, and be a Member of the Family, as defined in the Kansas ABLE Savings Plan 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 instructions above. 	my account information according to the
 If I am an Authorized Individual, I certify that I am authorized to act on behalf account is owned by a minor, I further certify that I am the Parent or Guardian 	
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)
Notary—REQUIRED FOR TRANSFERS ONLY.	
Your signature must be notarized.	
 When transferring assets to a new Account Owner we will attempt to confirm transaction it will be processed. 	m the transaction. If we are able to confirm the
 If we are unable to confirm the transaction there will be a 14 calendar day ho fulfilled, your transaction will be processed. 	old on your request. Once the 14 calendar day hold has
I certify that the information provided herein is true and complete in all respect agree to all the terms and conditions of the Kansas ABLE Savings Plan Discl	
STATE OF)
)ss.:
COUNTY OF)
This document was acknowledged before me on (date) before me of Account Owner, who certifies the correctness of the signature of the	
SIGNATURE	
Signature of Notary	Date (mm/dd/yyyy)
Name of Notary (First, Middle Initial, Last)	
My commission expires:	Notary to place seal here
Date (mm/dd/yyyy)	

Applies to signature in Section 8.

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