Important information about this form:

- Before completing this form, carefully read the Program Description & Participation Agreement.
- An eligible person can only have one ABLE account open at any time.
- There can only be one Authorized Legal Representative managing an account at any time.
- Fill out the Bank Add/Change Request Form to make updates to the banking information regarding the Authorized Legal Representative — if applicable.
- A Medallion Signature Guarantee is required for the Authorized Legal Representative and the adult Beneficiary. If the Beneficiary has become incapacitated, proof will be required instead of a signature.
- Type or print clearly in black ink, and do not staple the pages.

1 ABLE account information

Name of the Beneficiary on the ABLE account (First and last)

___ ___ ___ – ___ ___ – ___ ___ ___ ___
Beneficiary’s Social Security or Taxpayer Identification Number

___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___
Alabama ABLE account number

2 Reason for adding Authorized Legal Representative

(Please select one)

☐ Adult Beneficiary has an Authorized Legal Representative to manage the account
   (Signatures are required for the Authorized Legal Representative and the adult Beneficiary in Steps 7 – 9)

☐ Adult Beneficiary has become incapacitated since opening the account
   (The Authorized Legal Representative’s signature and proof of incapacitation are required in Steps 7 – 9)

If the account already has an Authorized Legal Representative, please complete a Change Authorized Legal Representative Form instead.

Need help?
Give us a call Monday – Friday from 8am – 7pm CT at 1-833-711-2253

Mail the form to:
Alabama ABLE
P.O. Box 9894
Providence, RI 02940-8094

Overnight Mail:
Alabama ABLE
4400 Computer Drive
Westborough, MA 01581
Add Authorized Legal Representative Form

Authorized Legal Representative information

If an Authorized Legal Representative is managing the account for a Beneficiary over the age of 18, they must also fill out the Verify Relationship Form in addition to this form.

Name (First and last)

Relationship to the Beneficiary (Please select one)
I certify under the penalties of perjury that I am the Beneficiary's:

- Power of Attorney
  I have the Power of Attorney to open and manage an ABLE account for the Beneficiary.

- Parent / Legal Guardian
  The Beneficiary does not have a Power of Attorney pertaining to this ABLE account, and I am their parent or legal guardian.

- Conservator
  The Beneficiary does not have a Power of Attorney pertaining to this ABLE account, and I have been appointed conservator.

__ __ / __ __ / __ __ __ __
Date of birth (mm/dd/yyyy)

__ __ __ __ __ __ __ __ __ __
Social Security or Taxpayer Identification Number

__ __ __ __ __ __ __ __ __ __
Telephone number

Residential address
No P.O. boxes are accepted for a residential address.

______________________________   ______________________________
Street address 1                     Street address 2

______________________________
City                               ______________________________
          State                ZIP Code
Communication preferences

Mailing address
P.O. boxes are accepted for a mailing address.

☐ Use the Authorized Legal Representative's residential address as the mailing address
   (Leave address information below blank)

______________
Street address 1

______________
Street address 2

______________
City

______________
State     ZIP Code

______________
Email

Choose how you want to receive statements and tax forms for all the accounts you manage
(Please select one)

☐ Send digital tax forms, account information and quarterly statements by email
   (Please answer Step 4A below)

☐ Send digital quarterly statements and account information by email, but send tax forms by U.S. mail*
   (Please answer Step 4A below)

☐ Send quarterly statements, account information and tax forms by U.S. mail*
   (You’ll be charged $10 per account, per year)

What email address should we use?
Answer if you’ve chosen to receive items by email

______________
Email

* All documents sent by U.S. mail will be mailed to the account's mailing address.
Add Authorized Legal Representative Form

Work information of Authorized Legal Representative
Providing employment information will help us understand how the account is being funded.

What is the Authorized Legal Representative’s work status? (Please select one)

☐ Employed  ☐ Self-Employed  ☐ Retired or Not Working

What's your occupation? (Please select one)

Answer if employed or self-employed:

☐ Accounting/Auditing  ☐ Hospitality/Food
☐ Admin/Clerical  ☐ Independent Investor
☐ Art/Antiques Dealer  ☐ Information Technology
☐ Banking Professional  ☐ Insurance
☐ Car/Boat/Airplane Dealer  ☐ Legal Services
☐ Casino/Gaming  ☐ Manufacturing/Production
☐ Construction/Skilled Trade  ☐ Nonprofit Executive
☐ Creative/Design/Architectural  ☐ Operations
☐ Defense/Military  ☐ Other:
☐ Editorial/Writing/Publishing

Answer if retired or not working:

☐ Retirement Savings
☐ Spousal Support
☐ Social Security or Pension
☐ Other Government Services
☐ Other:

(Please write in all other sources)

(Please write in all other sources)

(Please write in your occupation)
Verify your identity

The Authorized Legal Representative must provide identification.

How to provide identification

<table>
<thead>
<tr>
<th>Acceptable ID Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Option A</td>
</tr>
<tr>
<td>Include a copy of a Department of Motor Vehicles State ID</td>
</tr>
<tr>
<td>Option B</td>
</tr>
<tr>
<td>Include a copy of both your Social Security card and your birth certificate</td>
</tr>
</tbody>
</table>

To help the government fight the funding of terrorism and money laundering, federal law requires us to obtain certain personal information: your name, address, date of birth, and Social Security number or taxpayer identification number and other information that will allow us to verify your identity. If we are unable to verify your identity, we may have to close your account or take other steps we think are necessary.
Sign the form

By signing below, I am agreeing to the terms and conditions set forth below and in the Program Description & Participation Agreement. I understand and agree that those documents govern all aspects of this Account and are incorporated herein by reference.

I will retain a copy of the Program Description & Participation Agreement for my records. I understand that the Alabama ABLE program may, from time to time, amend the Program Description & Participation Agreement, and I understand and agree that I will be subject to the terms of those amendments.

I certify that all of the information provided by me on this form is, and all information provided by me in the future will be, true, complete and correct and I authorize the Program to open this Account based upon this information.

Additionally, I certify under penalty of perjury:

- The Beneficiary's disability or blindness is expected to result in death or has lasted, or can be expected to last for a continuous period of not less than 12 months and that I will notify the Program of any change to the status of the beneficiary’s disability or blindness (including any potential cure or remission of such disability or blindness) promptly upon such occurrence.

- I'm either a parent, a legal guardian, or have Power of Attorney, which makes me an Authorized Legal Representative. I am authorized to act on the Beneficiary’s behalf in opening and managing the Account and that this Account is in the best interest of the Beneficiary.

The Authorized Legal Representative must sign below. The adult Beneficiary must sign below unless they have become incapacitated, in which case the Authorized Legal Representative must provide proof to the Guarantor signing the Medallion Signature Guarantee in Step 9.

If applicable — Did you include the Verify Relationship Form if the Beneficiary is over the age of 18 mentioned in Step 3?

☐ Yes  ☐ No  ☐ N/A

______________________________  ______________________________
Signature of Authorized Legal Representative  Date (mm/dd/yyyy)

______________________________  ______________________________
Signature of adult Beneficiary — If applicable  Date (mm/dd/yyyy)
A Medallion Signature Guarantee is required for the Authorized Legal Representative

Keep in mind that:

- You’re providing the following information as underwritten certification that your signature is genuine.
- You can get a Medallion Signature Guarantee from an authorized officer of a bank, broker, or other qualified financial institution. A notary public doesn’t qualify, and you cannot guarantee your own signature. You may be required to provide proof of your authority to act on behalf of the ABLE account.
- Only sign if you are in the presence of an 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 Program Description & Participation Agreement.

Signature of Authorized Legal Representative

Signature Guarantor

Title

Name of Institution

Date (mm/dd/yyyy)

Have the Authorized Officer stamp here
A Medallion Signature Guarantee is required for an adult Beneficiary — If applicable

If the adult Beneficiary has become incapacitated, the Authorized Legal Representative must provide proof to the Guarantor of the Medallion Signature Guarantee.

Keep in mind that:

• You’re providing the following information as underwritten certification that your signature is genuine.

• You can get a Medallion Signature Guarantee from an authorized officer of a bank, broker, or other qualified financial institution. A notary public doesn’t qualify, and you cannot guarantee your own signature. You may be required to provide proof of your authority to act on behalf of the ABLE account.

• Only sign if you are in the presence of an 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 Program Description & Participation Agreement.

________________________________________
Signature of Beneficiary — If over the age of 18

________________________________________
Signature Guarantor

________________________________________
Title

________________________________________
Name of Institution

________________________________________
Date (mm/dd/yyyy)