

Important information about opening a new account:

- A separate form is needed for each ABL account.
- The Beneficiary or the Authorized Legal Representative must sign this form.
- Keep in mind that all communications are sent to the mailing address listed on the ABL account.
- You cannot make withdrawals by check for 30 days following the change of your address unless either this form or the Withdrawal Form includes a notarization acknowledgement (**Step 5**).

Need help?

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

Individuals with speech or
hearing disabilities may dial
711 to access
Telecommunications Relay
Service (TRS) from a
telephone or TTY.

Mail the form to:

Alabama ABL
P.O. Box 534419
Pittsburgh, PA 15253- 4419

Overnight Mail:

Alabama ABL
Attention: 534419
500 Ross Street, 154-0520
Pittsburgh, PA 15262

Fax:

833-223-5121

1 ABL account information

Name of Beneficiary on the ABL Account (First and last)

____ - ____ - ____
Beneficiary’s Social Security or **Taxpayer Identification Number**

Alabama ABL account number

2 Which addresses do you want to change?

(Select all that apply if the addresses are the same)

The Beneficiary’s residential address

Mailing address

3 New address

If the Beneficiary moves out of the state of Alabama, they can keep their ABL account and continue to use it.

If you're updating the Beneficiary's address, it cannot be a PO box.

Street address 1

Street address 2

City

State

____ - ____ - ____
Zip Code

____ - ____ - ____ - ____ - ____
Telephone number

4 Sign the form

By signing this form, you're confirming the information provided is true for the change of address.

You cannot make withdrawals by check for 30 days following the change of your address unless either this form or the **Withdrawal Form** include a notarization acknowledgement..

Signature of Authorized Legal Representative

____ / ____ / ____
Date (mm/dd/yyyy)

8 A notarization acknowledgement is required for a Authorized Legal Representative

Keep in mind that:

- If I am an Authorized Legal Representative, I certify that I am authorized to act on behalf of the Account Owner or the Beneficiary in making this request and that this request is in the best interest of the Beneficiary.
- By signing below, I authorize the Plan Manager or its designee to change the address according to the instructions above.

Only sign if you are in the presence of a notary public or other officer providing notarization.

The undersigned has read the foregoing in its entirety before signing. IN WITNESS WHEREOF, I have hereunto

set my hand this _____ day of _____, 20____
Day (#) Month Year

Signature of Beneficiary or Authorized Legal Representative

STATE OF ALABAMA, COUNTY OF _____
County

This instrument was acknowledged before me

physical presence or online notarization

on _____ day of _____, 20____
Day (#) Month Year

by _____
Name of person (first and last)

My term expires: ____ / ____ / ____
Date (mm/dd/yyyy)

Notary Public (Seal)

Signature of Notary Public

9 A notarization acknowledgement is required for an adult Beneficiary – If applicable

If the adult Beneficiary has become incapacitated, the Authorized Legal Representative must provide proof to the notary.

Keep in mind that:

- You're providing the following information as underwritten certification that your signature is genuine.
- 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 a notary public or other officer providing notarization.

The undersigned has read the foregoing in its entirety before signing. IN WITNESS WHEREOF, I have hereunto

set my hand this _____ day of _____, 20____
Day (#) Month Year

Signature of Beneficiary – If over the age of 18

STATE OF ALABAMA, COUNTY OF _____
County

This instrument was acknowledged before me

physical presence or online notarization

on _____ day of _____, 20____
Day (#) Month Year

by _____
Name of person (first and last)

My term expires: ____ / ____ / ____
Date (mm/dd/yyyy)

Notary Public (Seal)

Signature of Notary Public