

Important information about this form:

- Fill out this form to change the name of the Beneficiary or the Authorized Legal Representative for this ABL account.
- If you're an Authorized Legal Representative managing more than one account with a name change, you'll have to fill out a separate form for each account.
- The Beneficiary or the Authorized Legal Representative must sign this form.
- A name change requires a notarization acknowledgement in Step 4
- The name associated with the ABL account must match the first and last name on the bank account connected to it. If you are making a change of name, you might also have to update your bank account information.

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 Tell us about the name change

If you need to make a name change for both the Beneficiary and the Authorized Legal Representative, you will need to fill out two separate forms. Both forms will require a notarization acknowledgement.

This change is for: Beneficiary Authorized Legal Representative

New Name (First and last)

Reason for change: Marriage Divorce Other: _____

3 Sign the form

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

_____/_____/_____
Signature of Beneficiary or Authorized Legal Representative **Date (mm/dd/yyyy)**

4 A notarization acknowledgement is required for a name change

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 or Authorized Legal Representative

State of Alabama, County of _____

This instrument was acknowledged before me

physical presence or online notarization

on _____
Date (mm/dd/yyyy)

by _____
Name of person (First and last)

My commission expires: ____/____/_____
Date (mm/dd/yyyy)

Notary Public (Seal)

Signature of Notary Public