



Change of Name Form

Important information about this form:

- Fill out this form to change the name of the Beneficiary or the Authorized Legal Representative for this ABLE 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 one.
- The Beneficiary or the Authorized Legal Representative must sign this form.
- A name change requires a notarization in **Step 4**.
- The name associated with the ABLE 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 9am – 6pm ET at
1-888-524-2253

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

Mail the form to:

ABLE United
PO Box 534422
Pittsburgh, PA 15253- 4422

Overnight Mail:

ABLE United
Attention: 534422
500 Ross Street, 154-0520
Pittsburgh, PA 15262

Fax:

833-337-7250

1 ABLE account information

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

Beneficiary's Social Security or Taxpayer Identification Number

AU _____
ABLE United 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.

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

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.

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of

physical presence or **online notarization**,

This _____ day of _____, 20____, by _____

Signature of Notary Public - State of Florida

Circle one:

Personally Known OR **Produced Identification**

Type of Identification Produced

**Print, Type, or Stamp Commissioned
Name of Notary Public**