

Important information about this form:

- An Entity Authorized Legal Representative ("Entity ALR") can be any entity that has been given the authority to perform financial transactions on behalf of a beneficiary / ABLE account owner. The entity's authority can stem from a Power of Attorney executed by the beneficiary, representative payee, or appointment of the entity as Guardian or Conservator for the beneficiary and their property.
- The Controlling Officer of the Entity wishing to act as an ALR must complete and sign this form.
- The Controlling Officer is the employee of the entity that has been formally authorized by the entity to make decisions on behalf of the entity and manage its operation. This is typically the Managing Director/CEO of the entity but may be any individual expressly given such authority by the entity's board or organizational documents (e.g., Articles of incorporation or other organizational documents).
- The Controlling Officer, on behalf of the entity as the ALR, is required to identify two (2) individuals that the entity wishes to assign as Agents. Agents will have the authority to act on behalf of the entity in managing the beneficiaries' ABLE accounts. If the Entity has multiple pairs of Agents they will need to complete the paper form process for each unique pair of Agents. The Controlling Officer can also act as an Agent.

• This form can be used for the initial Entity ALR creation and any subsequent change in Controlling Officer or Agent(s).

The following additional documentation is also required:

1. **One form** of acceptable documentation, from the list below, to verify that the entity is in good standing:

- **Nonprofit entities:**

- U.S. Internal Revenue Code Sec. 501(c)(3) Exempt Organization Affirmation, or
- Determination Letter, or
- A copy of the letter or memorandum from the Internal Revenue Service indicating that the entity is an organization described under IRC Section 501(c)(3).

- **For-profit entities:**

- Audited financial statements

2. To comply with the US Patriot Act, we will require personal identification documentation (i.e. unexpired, government issued photo ID) that can be used to verify the following information for each Agent and the Controlling Officer:

- First and last name
- Date of birth
- Primary residential address
- Social Security Number or Government issued identification number

3. Articles of incorporation for the entity that grant to the Controlling Officer, who will sign this **Authorization Establishment Form**, the ability to act on behalf of the entity (A Board Resolution providing the signatory's authority can also be attached).

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
P.O. Box 9696
Providence, RI 02940-9696

Overnight Mail:

ABLE United
4400 Computer Drive
Westborough, MA 01581

1 Entity Authorized Legal Representative Information

Legal Name of Entity ALR

— — — — —
Entity's Employer Identification Number

— — — — —
Entity's Telephone number

Entity's address

P.O. boxes are **not** accepted for a residential address.

Street address 1

Street address 2

City

State

— — — — —
ZIP Code

2 Controlling Officer

The Entity ALR will need to assign a Controlling Officer to make decisions on behalf of the entity and its board of directors and to appoint / replace Agents. Below, please provide the information for the Controlling Officer.

Controlling Officer's Information

Please confirm if this is a new assignment or a replacement to an existing assignment, by checking the appropriate designation below:

☐

New

☐

Replacement (Prior Controlling Officer's Name): _____

Controlling Officer's name (First and last)

____ - ____ - ____
Controlling Officer's Social Security Number

____ / ____ / ____
Controlling Officer's Date of Birth (mm/dd/yyyy)

Controlling Officer's address

P.O. boxes are **not** accepted for a residential address.

Street address 1

Street address 2

City

____ - ____ - ____
State ZIP Code

As previously stated, please be certain to include a copy of a government issued ID.

3 Beneficial Owner

To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

The Entity ALR will need to identify any Beneficial Owners of the entity who own 25% or more of the entity. (This is typically required only if the entity is a privately-held For Profit organization and has owner(s) with a material interest in the entity.) Below, please provide the information for each Beneficial Owner who owns 25% or more of the entity. In addition, the Entity ALR will need to provide a copy of a valid government issued ID for each Beneficial Owner.

In the event an Entity is a beneficial owner of a For Profit ALR the owning Entity will need to disclose its owners down to the individual owner level. This complex ownership structure cannot be accommodated on the Entity Authorized Legal Representative Establishment Form. This will need to be done via a separate letter disclosing the ownership structure.

1st Beneficial Owner Information

Please confirm if this is a new assignment or a replacement to an existing assignment, by checking the appropriate designation below:

☐

New

☐

Replacement (Prior Controlling Officer's Name): _____

1st Beneficial Owner's name (First and last)

_____1st Beneficial Owner's Social Security Number

_____1st Beneficial Owner's Date of Birth (mm/dd/yyyy)

____/____/____**1st Beneficial Owner's Residential address**

P.O. boxes are **not** accepted for a residential address.

Street address 1_____
Street address 2_____
City_____
State_____
ZIP Code

As previously stated, please be certain to include a copy of a government issued ID.

2nd Beneficial Owner Information

Please confirm if this is a new assignment or a replacement to an existing assignment, by checking the appropriate designation below:

☐

New

☐

Replacement (Prior Controlling Officer's Name): _____

2nd Beneficial Owner's name (First and last)

____ _ - ____ _ - ____ _

2nd Beneficial Owner's Social Security Number

____ _ / ____ _ / ____ _

2nd Beneficial Owner's Date of Birth (mm/dd/yyyy)

2nd Beneficial Owner's Residential address

P.O. boxes are **not** accepted for a residential address.

Street address 1_____
Street address 2_____
City_____
State_____
ZIP Code

As previously stated, please be certain to include a copy of a government issued ID.

3rd Beneficial Owner Information

Please confirm if this is a new assignment or a replacement to an existing assignment, by checking the appropriate designation below:

- ☐ New
- ☐ Replacement (Prior Controlling Officer's Name): _____

3rd Beneficial Owner's name (First and last)

____ _ - ____ _ - ____ _
3rd Beneficial Owner's Social Security Number

____ / ____ / ____ _
3rd Beneficial Owner's Date of Birth (mm/dd/yyyy)

3rd Beneficial Owner's Residential address

P.O. boxes are **not** accepted for a residential address.

Street address 1

Street address 2

City

State

____ _ - ____ _
ZIP Code

As previously stated, please be certain to include a copy of a government issued ID.

4th Beneficial Owner Information

Please confirm if this is a new assignment or a replacement to an existing assignment, by checking the appropriate designation below:

☐

New

☐

Replacement (Prior Controlling Officer's Name): _____

4th Beneficial Owner's name (First and last)

____ _ - ____ _ - ____ _

4th Beneficial Owner's Social Security Number

____ / ____ / ____ _

4th Beneficial Owner's Date of Birth (mm/dd/yyyy)

4th Beneficial Owner's Residential address

P.O. boxes are **not** accepted for a residential address.

Street address 1_____
Street address 2_____
City____ _ - ____ _
State ZIP Code

As previously stated, please be certain to include a copy of a government issued ID.

4 Agents acting on behalf of the Entity ALR

Please list up to two Agents below and provide the information requested for each Agent. In addition, the Entity ALR will need to provide a copy of a valid government-issued ID for each Agent, as documentary evidence, to confirm the identification of individuals listed. The Entity ALR can change the employees assigned as Agents without needing to update the beneficiary's legal documents. The Entity ALR can change Agent(s) by submitting an updated **ABLE Entity Authorized Legal Representative Establishment Form** with the new Agent(s) assignment.

Primary Agent's Information

The Primary Agent should be the employee who is going to be responsible for the day-to-day management of ABLE accounts legally managed by the Entity ALR.

Please confirm if this is a new assignment or a replacement to an existing Primary Agent assignment, by checking the appropriate designation below:

☐

New

☐

Replacement (Prior Primary Agent's name):

Primary Agent's name (First and last)

____ _ - ____ _ - ____ _
Primary Agent's Social Security Number

____ / ____ / ____ _
Primary Agent's Date of Birth (mm/dd/yyyy)

Primary Agent's address

P.O. boxes are **not** accepted for a residential address.

Street address 1

Street address 2

City

State

____ _ - ____ _
ZIP Code

As previously stated, please be certain to include a copy of a government issued ID.

Secondary Agent's Information

The Secondary Agent acts as a backup to the Primary Agent, in the event the Primary Agent is not available to manage the Entity ALR's ABLE accounts. The Secondary Agent can only contact our Call Center telephonically to make inquiries or transactions over the phone and will need to provide their Social Security Number for the Call Center representative to confirm their identity as the Secondary Agent.

Please confirm if this is a new assignment or a replacement to an existing Secondary Agent assignment, by checking the appropriate designation below:

- ☐ New
- ☐ Replacement (Prior Secondary Agent's name): _____

Secondary Agent's name (First and last)

____ _ - ____ _ - ____ _
Secondary Agent's Social Security Number

____ / ____ / ____ _
Secondary Agent's Date of Birth (mm/dd/yyyy)

Secondary Agent's address

P.O. boxes are **not** accepted for a residential address.

Street address 1

Street address 2

City

State

____ _ - ____ _
ZIP Code

As previously stated, please be certain to include a copy of a government issued ID.

5 Verify identities

The following documents are required to establish the identity of the Entity ALR and any of its Agents, Controlling Officers, and Beneficial Owners (if applicable).

Entities	Documentary Evidence
Non-profit Entities	U.S. Internal Revenue Code Sec. 501(c)(3) Exempt Organization Affirmation or Determination Letter or Letter/memorandum from the Internal Revenue Service indicating that the Entity is an organization described under IRC Section 501(c)(3).
For-profit Entities	Audited financial statements
All Entities*	Certified Articles of Incorporation or a government-issued business license
Individuals (i.e. Agents, Controlling Officers, Beneficial Owners)	Documentary Evidence
All individuals	An unexpired, government-issued photo ID with the individual's name, date of birth, residential address, and a government issued identification number.

* Additional acceptable forms of identification for businesses/entities:

- Articles of Incorporation
- General or Limited Partnership Agreement
- Articles of Organization or Association
- Trust Instrument
- Letters of Trusteeship or Executorship
- U.S. Internal Revenue Code Sec. 501(c)(3) letter (for nonprofit organizations)
- A government-issued business license
- Audited financial statements
- Published annual report
- 10-K or other information contained on the U.S. Securities and Exchange Commission Website (<http://www.sec.gov>), the websites of various self-regulatory organizations (i.e., FINRA), or from other governmental sources.

To help the government fight the funding of terrorism and money laundering, federal law requires Sumday, the Plan Manager, to obtain certain personal information about Agents and ALRs including, but not limited to: legal name, address, age, date of formation, Social Security Number, Employer Identification Number, and other information that will allow Sumday to verify the identity of individuals with access to the ABLE account. If Sumday is unable to verify the identity of the Entity ALR or the Primary Agent, we may have to close this account or take other steps deemed necessary.

6 Reporting

Account level reports (Transaction notices, Quarterly Statements and Tax Forms) will be delivered to the email address provided at registration. In addition, the Program Manager will provide monthly reports to the Primary Agent for the accounts they administer and to the Entity for all accounts for which the Entity acts as ALR. If the Entity has only one Unique Pair of Agents, the report will be the same but the report can have multiple delivery emails. These reports will be sent via a secure email system. The recipient will need to register on the system when they receive a notice the first report is available. After registering, the secure emails will be delivered on a monthly basis.

Primary Agent's Level Report

☐ New: _____
Primary Agent's email

☐ Replacement: _____
Prior Primary Agent's email

Entity Level Report

☐ New: _____
Entity's email

☐ Replacement: _____
Prior Entity's email

7 Sign the form

By signing below, the Controlling Officer on behalf of the Entity ALR understands and agrees that this document governs the Entity's authority to identify and assign Agents to act on the Entity's behalf.

The Entity ALR will retain a copy of the Plan Disclosure Booklet for their records. The Entity ALR understands that the ABLE United Program may, from time to time, amend the Plan Disclosure Booklet and the Participation Agreement, and it understands and agrees that it will be subject to the terms of those amendments.

The Entity ALR certifies that all of the information provided on this Establishment Form is, and all information provided in the future will be, true, complete and correct. As the designated Controlling Officer for the Entity ALR, I authorize the Program to establish and keep on file the Entity ALR's Agent assignments based upon this information. Further, I agree to notify SUNDAY of any change in such information

Signature of the Controlling Officer

signing on behalf of the Entity Authorized Legal Representative

Date (mm/dd/yyyy)