

Important information about this form:

- Fill out this form to verify the relationship between an adult Beneficiary (who is over the age of 18) and the Authorized Legal Representative of the ABLE account.
- Please include a copy of one of the following: Power of Attorney or Legal Guardianship documentation.
- Once your relationship to the Beneficiary is verified, you can start using the ABLE account.
- Type or print clearly in black ink, and do not staple the pages.

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 (Leave blank if you're enrolling in a new account)

2 Verify the relationship

You need to provide documentation for verification to establish the relationship between the adult Beneficiary and the Authorized Legal Representative of the ABLE account. The document should reflect the decision that allows you to make financial decisions in the best interest of the Beneficiary as their Authorized Legal Representative.

Please include copies of all the pages of the document you submit. The documentation will not be returned.

What's your relationship to the Beneficiary? (Please select one)

☐

Power of Attorney

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

Provide a copy of the following:

- Signed durable Power of Attorney

☐

Legal Guardian

The Beneficiary does not have a Power of Attorney pertaining to this ABLE account, and I am their legal guardian.

Provide a copy of one of the following:

- Court Order
- Guardianship Order
- Letter of Guardianship

3 Sign the form

I certify under the penalties of perjury that the relationship document is a true copy and at the time I sent it, I had no actual knowledge or actual notice of the revocation or termination of the relationship by death or otherwise, or notice of facts indicating same. The Beneficiary is alive, has not repudiated the relationship and the relationship document is still in full force and effect.

Signature of Authorized Legal Representative

Date (mm/dd/yyyy)