

Important information about opening, as the Entity Authorized Legal Representative (ALR) of the Beneficiary, a new ABLE account for the Beneficiary:

- Before completing this form, carefully read the **Plan Disclosure Booklet** and **Participation Agreement**.
- To become an Entity ALR, an Entity Authorized Legal Representative Establishment Form must be completed and submitted along with this form to open the first Entity ALR Beneficiary account.
- An eligible person can only have one ABLE account open at any time.
- Fill out all required sections of this form to open, as the Entity ALR of the Beneficiary, a new Plan account for the Beneficiary.
- An initial contribution of at least \$25 is required to open an account.
- The name of the Beneficiary or the Entity ALR must be associated with the title of the bank account, if a bank account is to be connected to the ABLE account.
- Type or print clearly in black ink, and do not staple the pages or check.
- ABLE accounts are subject to a Maximum Annual Contribution Limit. See the Program Description & Participation Agreement (www.ABLEUnited.com/pdpa) for the current limit.
- If you're making an ABLE to Work contribution, you may contribute an amount equal to the Beneficiary's gross income, up to the Beneficiary's compensation for the taxable year; or an amount equal to the Federal Poverty Level for a one person household as determined for the preceding calendar year of the tax year in which contributions are

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 Is this a rollover from another ABLE plan?

- Yes (Please also fill out one of the applicable **Rollover Forms** in addition to this form.)
- No

2 Beneficiary information

Name (First and last)

__ __ / __ __ / __ __ __ __
Date of birth (mm/dd/yyyy)

How does the Beneficiary identify? As she As he Chooses not to identify

__ - __ - __ - __ - __ - __ - __ - __ -
Social Security or Taxpayer Identification Number

__ - __ - __ - __ - __ - __ - __ - __ -
Telephone number

Residential address

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

Street address 1

Street address 2

City

State

____ - ____ - ____ - ____ - ____ - ____ -
ZIP Code

Does the beneficiary self-identify as a veteran? Yes No

3 Entity Authorized Legal Representative information

If the Beneficiary is not able to exercise signature authority over their ABLE account or chooses to establish an ABLE account but not exercise signature authority, an Authorized Legal Representative may act on the Beneficiary's behalf with respect to the account. If an Authorized Legal Representative establishes an ABLE Account, the Authorized Legal Representative must self-attest/certify to the basis for acting as the Authorized Legal Representative and must also certify that there is no person with a higher priority.

The priority for opening an account as an ALR is as follows in this order: an individual selected by the eligible beneficiary with legal capacity, an individual's agent under a power of attorney, a conservator or legal guardian, a spouse, parent, sibling or grandparent, or a Social Security Administration representative payee (individual or organization). A person may self-attest/certify that they are authorized to open the ABLE account and there is no other person higher in order willing to establish the account. According to Internal Revenue Service ("IRS") guidance, the Authorized Legal Representative may neither have, nor acquire, any beneficial interest in the ABLE Account during the Beneficiary's lifetime and must administer the ABLE Account for the benefit of the Beneficiary. Whenever an action is required to be taken by a Beneficiary in connection with a ABLE Account with an Authorized Legal Representative, it must be taken by the Beneficiary's Authorized Legal Representative acting in that capacity.

Name of Entity ALR

Relationship to the Beneficiary? (Please select one)

The Entity ALR certifies under the penalties of perjury that the Entity ALR is the Beneficiary's:

- Attorney-in-Fact under Power of Attorney**
The Beneficiary has granted the Entity ALR Power of Attorney to open and manage an ABLE account for the Beneficiary.
- Legal Guardian**
The Beneficiary does not have a Power of Attorney pertaining to this ABLE account and the Entity ALR is their full legal guardian, or legal guardian of property.
- Conservator**
The Beneficiary does not have a Power of Attorney pertaining to this ABLE account and the Entity ALR has been appointed conservator.
- Representative Payee**
The Beneficiary does not have a Power of Attorney pertaining to this ABLE account and the Entity ALR has been appointed representative payee.

Please read and confirm the attestation below by checking the box.

I certify, under penalties of perjury, I am representing an Entity ALR seeking to establish an ABLE account as the authority to establish the ABLE account as an agent under a power of attorney or, if none, by a conservator or legal guardian, spouse, parent, sibling, grandparent of the eligible individual, or a representative payee appointed for the eligible individual by the Social Security Administration (SSA), in that order, and that there is no other person with a higher priority as listed above to establish the ABLE account.

____ - ____ - _____
Entity's Employer Identification Number

____ - ____ - ____ - ____ - ____ - ____
Telephone number

Entity's address

P.O. boxes are not accepted for an Entity's business address.

Street address 1

Street address 2

City

____ - ____ - ____ - ____ - ____ - ____
State ZIP Code

4 Agents acting on behalf of the Entity ALR

Please list up to two agents, below, and provide the information requested for each Agent. 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.

Primary Agent's Name (First and last)

___ / ___ / _____
Date of birth (mm/dd/yyyy)

Date of birth (mm/dd/yyyy)

____ - ____ - _____
Social Security Number

Social Security Number

____ - ____ - _____
Telephone number

Telephone number

Primary Agent's residential address

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

Street address 1

Street address 2

City

State

____ - _____
ZIP Code

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.

Secondary Agent's Name (First and last)

___ / ___ / _____

Secondary Agent's Date of birth (mm/dd/yyyy)

___ - ___ - _____

Secondary Agent's Social Security Number

___ - ___ - _____

Secondary Agent's Telephone number

Secondary Agent's residential address

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

Street address 1

Street address 2

City

State

ZIP Code

5 Communication preferences

Mailing address

P.O. boxes **are** accepted for a mailing address.

- Use the Beneficiary's residential address as the mailing address
(Leave address information below blank)
- Use the Entity ALR's business address as the mailing address
(Leave address information below blank)

Street address 1

Street address 2

City

State

ZIP Code

Choose how the Entity wants to receive statements and tax forms for all the accounts managed by the Entity
(Please select one)

- Send digital tax forms, account information and quarterly statements by email
(Please answer **Step 5A** below)
- Send digital quarterly statements and account information by email, but send tax forms by U.S. mail*
(Please answer **Step 5A** below)
- Send quarterly statements, account information and tax forms by U.S. mail*
(You'll be charged \$10 per account, per year)

A What email address should we use?

Answer if the Entity ALR chooses to receive items by email, and please provide an email address that is accessible to all of the active Agents assigned by the Entity ALR.

Entity ALR Email (accessible to all Agents acting on behalf of the Entity)

* All documents sent by U.S. mail will be mailed to the account's mailing address.

6 Diagnosis information

This information is needed to confirm the Beneficiary's eligibility for the ABLE program.

Which option applies to the Beneficiary? (Please select one)

I certify under the penalties of perjury that:

- The Beneficiary is entitled during the current year to Social Security Disability (SSDI) benefits based on blindness or disability under title II of the Social Security Act
- The Beneficiary is entitled during the current year to Supplemental Security Income (SSI) benefits based on blindness or disability under title XVI of the Social Security Act
- The Beneficiary
 - a. has a medically determinable physical or mental impairment that results in marked and severe functional limitation* and can be expected to result in death or has lasted or can be expected to last for a continuous period of at least 12 months; OR is blind†

AND

- b. has a signed diagnosis (see our **Physician's Form**) from a licensed physician‡ as to the condition described in (a)

I understand that I am required to retain such signed diagnosis and to provide it to the Plan or the IRS upon request, and I agree to do so.

* The Entity understands that "marked and severe functional limitation" means a functional limitation that meets, medically equals, or functionally equals the severity of any listing in appendix 1 of subpart P of 20 CFR part 404 (the "Listing"), but without regard to age. The Listing can be found at www.ssa.gov/OP_Home/cfr20/404/404-app-p01.htm. It further understands that the level of severity is determined by taking into account the effect of the Beneficiary's prescribed treatment.

† The Entity understands that, for purposes of eligibility for an ABLE account, "blind" means that the Beneficiary has central visual acuity of 20/200 or less in the better eye with the use of a correcting lens. An eye which is accompanied by a limitation in the fields of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees is considered to have a central visual acuity of 20/200 or less.

‡ IRS Guidance Under Section 529A dated 11/19/2020, page 39: "Section 529A(e)(2)(A)(ii) requires the individual's diagnosis to be signed by a physician meeting the criteria of section 1861(r)(1) of the Social Security Act, which means a doctor of medicine or osteopathy, a doctor of dental surgery or dental medicine, and, for some purposes, a doctor of podiatric medicine, a doctor of optometry, or a chiropractor."

Diagnosis Code (Please select one)

- Code 1: Developmental Disorder**
Autistic Spectrum Disorder, Asperger's Disorder, Developmental Delays and Learning Disabilities
- Code 2: Intellectual Disability**
Mild, moderate, or severe intellectual disability
- Code 3: Psychiatric Disorder**
Schizophrenia, Major depressive disorder, Post-traumatic stress disorder (PTSD), Anorexia nervosa, Attention deficit/Hyperactivity disorder (AD/HD) and Bipolar disorder
- Code 4: Nervous Disorder**
Blindness, Deafness, Cerebral Palsy, Muscular Dystrophy, Spina Bifida, Juvenile-onset Huntington's disease, Multiple sclerosis, Severe sensorineural hearing loss and Congenital cataracts
- Code 5: Congenital Anomalies**
Chromosomal abnormalities: Down Syndrome, Osteogenesis imperfecta, Xeroderma pigmentosum, Spinal muscular atrophy, Fragile X syndrome and Edwards syndrome
- Code 6: Respiratory Disorder**
Cystic Fibrosis
- Code 7: Other**
Anything not listed under codes 1-6 and Tetralogy of Fallot, Hypoplastic left heart syndrome, End-stage liver disease, Juvenile-onset rheumatoid arthritis, Sickle cell disease and Hemophilia

Is this disability permanent*? Yes No

The Entity ALR certifies under the penalties of perjury that:

- The Beneficiary developed the disability or blindness before the age of 26
- The Beneficiary has no other ABLÉ account
- The Plan will be notified by the Entity ALR of any changes to the permanence* of the Beneficiary's disability or blindness (including any potential cure for such disability or blindness) promptly upon such an occurrence

* Permanent/permanence is intended to mean a disability that "can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months" as set forth in Section 529A of the Internal Revenue Code.

7 Select an investment option

The Beneficiary's money can be placed into an investment and/or cash option. You can select as many portfolios as you want to invest your contributions (changes to investment strategy can be made up to 2 times per calendar year).

Please read the Plan Disclosure Booklet for important information about the cash and investment options before making a decision.

There are risks involved in investing, decision should be based on the Beneficiary's goals and timeline for this ABLE account.

For an in-depth look at each of the investment options, please refer to the Plan Disclosure Booklet.

Investment options

Conservative Portfolio \$ ____ , ____ . ____
Amount

Moderate Portfolio \$ ____ , ____ . ____
Amount

Growth Portfolio \$ ____ , ____ . ____
Amount

U.S. Stock Fund \$ ____ , ____ . ____
Amount

International Stock Fund \$ ____ , ____ . ____
Amount

U.S. Bond Fund \$ ____ , ____ . ____
Amount

Money Market Fund \$ ____ , ____ . ____
Amount

FDIC Savings Fund \$ ____ , ____ . ____
Amount

\$ ____ , ____ . ____
Total contribution amount

The investment information on this page has been provided by Aon, the investment advisor for the ABLE United Program.

8 Bank account information

If you choose to make regular deposits and withdrawals with an ACH bank transfer, attach a voided check or copy of your bank statement showing the name, address, last 4 digits of the account number and complete the bank information below. (Please do not staple, use a paper clip for the check).

Bank account type Checking Savings

Name on bank account

The first and last name on the bank account needs to be the same as either the Beneficiary or the Entity ALR.

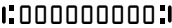


Bank name

Bank routing number

Bank account number

Need help?

You can find your bank information on the bottom of one of your checks here:

		
Routing Number	Account Number	1000

9 Initial contribution information

You must add at least \$25 to open an account. Contributions must be made by the Beneficiary or the Entity ALR.

The amount will be taken out of the bank account you provided in **Step 8**. Please disregard if you are including a check made out to ABLE United.

Which type of contribution are you making? (Please select one)

Standard contribution
See the Program Disclosure Booklet for the current yearly standard contribution limit of \$16,000..

ABLE to Work contribution
If the Beneficiary is earning wages, they may contribute an amount equal to their gross income (see Program Disclosure Booklet for current limits) in addition to the yearly standard contribution limit.*

* If the Beneficiary or their employer is contributing to a defined contribution plan (401K), annuity plan (403(b)), or deferred compensation plan (457(b)) this calendar year, the Beneficiary is not eligible to make ABLE to Work contributions.

10 Sign the form

- By signing below, the Agent on behalf of the Entity ALR is agreeing to the terms and conditions set forth below and in the Participation Agreement. The Entity ALR understands and agrees that these documents govern all aspects of this Account and are incorporated herein by reference.
- The Entity ALR will retain a copy of the Plan Disclosure Booklet for its 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 Enrollment Form is, and all information provided in the future will be, true, complete and correct. As a designated Agent for the Entity ALR, I authorize the Plan/Program to open this Account based upon this information.
- Additionally, the Agent on behalf of the Entity ALR certifies under penalty of perjury:
 - The Beneficiary's disability or blindness is expected to result in death or has lasted, or can be expected to last for a continuous period of not less than 12 months and that the Entity ALR will notify the Plan of any change to the status of the Beneficiary's disability or blindness (including any potential cure or remission of such disability or blindness) promptly upon such occurrence.
 - The Entity ALR is the Beneficiary's Attorney-in-Fact for the Account, full legal guardian, conservator, rep payee, or the legal guardian of property.
 - The Entity ALR is authorized to act on the Beneficiary's behalf in managing the Account and that this Account is in the best interest of the Beneficiary.
 - If it has been indicated that either the initial contribution or monthly contributions are ABLE to Work contributions, the Agent on behalf of the Entity ALR certifies that the Beneficiary is earning wages and the amount being contributed is less than or equal to the Beneficiary's gross income this calendar year and is no more than the previous year's federal poverty level for one person. In addition, the Agent on behalf of the Entity ALR certifies that when it is making an ABLE to Work contribution, the Beneficiary (or the Beneficiary's employer) has not contributed to a defined contribution plan (401K), annuity plan (403(b)), or deferred compensation plan (457(b)) this calendar year.

**Signature of Agent
signing on behalf of the Entity ALR**

Date (mm/dd/yyyy)