

This form should be used to change an Administrator of an existing ABLE United Account. Once this form has been received and processed the current Administrator will no longer have access to the Account or records. The current Administrator, the new Administrator, and the Beneficiary will be notified of this Administrator change.

At that time, the new Administrator will be able to register online at [www.ableunited.com](http://www.ableunited.com), click on Open Account, click on Register for Online Access. This will allow the new Administrator to manage the account and perform activities such as update account information, schedule contributions and request withdrawals.

Please read the Program Description and Participation Agreement carefully before completing this form. The Program Description and Participation Agreement can be found at [www.ableunited.com/pdpa](http://www.ableunited.com/pdpa).

**Return completed form to: ABLE United, PO Box 44034, Jacksonville, FL 32231**

Questions? Email us at [customerservice@ableunited.com](mailto:customerservice@ableunited.com) or call us at 1-888-524-ABLE (2253)

## 1. ACCOUNT INFORMATION

### Beneficiary Information:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_ Account Number (optional): \_\_\_\_\_

The new Administrator must be:

## 2. NEW ACCOUNT ADMINISTRATOR INFORMATION (This is the change being requested)

- The Beneficiary who is a citizen or resident alien of the United States and 18 years of age or older  
OR
- An individual who is a citizen or resident alien of the United States and 18 years of age or older and is legally authorized to act on the behalf of the Beneficiary.

Please tell us about the **new** Administrator - select **one** of the following:

\_\_\_\_\_ I am the Beneficiary

\_\_\_\_\_ New Administrator is the Parent of the Beneficiary

\_\_\_\_\_ New Administrator is the Legal Guardian of the Beneficiary

\_\_\_\_\_ New Administrator has Power of Attorney for the Beneficiary

### New Administrator Information:

Salutation \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Permanent Address 1** (Physical Address Only; PO Box cannot be accepted)

\_\_\_\_\_

**Permanent Address 2** (Apt., Suite, Unit, Floor)

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If the Mailing Address is different from the Permanent Address, please complete the requested information below.

**Mailing Address 1** (Street or PO Box)

\_\_\_\_\_

**Mailing Address 2** (Apt., Suite, Unit, Floor)

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Address Outside of United States? Country \_\_\_\_\_

**Primary Telephone Number** \_\_\_\_\_ **Phone Type:** Cell Phone \_\_\_\_ Landline \_\_\_\_

**Alternate Telephone Number** \_\_\_\_\_ **Phone Type:** Cell Phone \_\_\_\_ Landline \_\_\_\_

**Email Address** \_\_\_\_\_

**Delivery Options** will be set to US Mail for Plan Documents (Correspondence and Statements) and Tax Forms. Once registered online, please be sure to update your mail delivery options to electronic delivery, to avoid an account fee for paper delivery.

### 3. SIGNATURE & AUTHORIZATION

This section must be signed by the **New Administrator**:

By signing and initialing below, I attest that under the penalties of perjury that:

I may replace and serve as Administrator OR if the Beneficiary has died, and upon receipt of Beneficiary's death certificate, I certify that I am executor of the Beneficiary's estate and responsible for proper disposition of the Account Balance.

I am responsible to promptly notify the ABLE United Program of any changes in the Beneficiary's condition that would result in the Beneficiary failing to satisfy the definition of Eligible Individual.

I have read and understand the ABLE United Program Description and Participation Agreement, and consent to the policies, terms, and conditions of the ABLE United Program and Participation Agreement. I understand and accept that the Participation Agreement, which is incorporated by reference into this Administrator Change Form, as it relates to enrollment in the ABLE United Program, constitutes a legally binding agreement between me and Florida ABLE, Inc. I understand that the policies, terms, and conditions of the ABLE United Program and Participation Agreement may be amended from time to time without prior notice, and I understand and agree that I will be subject to those amendments.

I understand that enrolling in the ABLE United Program and investing funds in the investment options involves a high degree of risk, account values may fluctuate including the loss of the entire amount of funds invested including any earnings on those funds.

By requesting this change, I understand that all existing banking information associated with this account will be deleted and all associated future ACH contributions or withdrawals will be deactivated.

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Signature of **New Administrator**

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Date