

Important information about this form:

- Fill out this form with the new bank account you want to connect to this Oregon ABLE Savings Plan account.
- The first and last name of the Beneficiary or the Authorized Legal Representative needs to be associated with any bank accounts connected to the ABLE account.
- You can't make withdrawals for 10 days when you add/change banking information, unless either this form or the **Withdrawal Form** includes a notarization acknowledgement (seen in **Step 5** on this form).

Need help?

Give us a call Monday – Friday from 9am – 5pm PT at

1-844-999-2253

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

Mail the form to:

Oregon ABLE Savings Plan
P.O. Box 534430
Pittsburgh, PA 15253- 4430

Overnight Mail:

Oregon ABLE Savings Plan
Attention: 534430
500 Ross Street, 154-0520
Pittsburgh, PA 15262

Fax:

833-286-8167

1 ABLE account information

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

Beneficiary's Social Security or Taxpayer Identification Number

Oregon ABLE Savings Plan account number

2 Tell us what type of change you want to make

(Please select one)

Update existing bank information

Add a new bank

3 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 Authorized Legal Representative.

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:

⑆0000000000⑆ 0000000000001000

Routing
Number

Account
Number

4 Sign the form

By signing this form, you're confirming the information provided is true for the bank change.

You can't make withdrawals for 10 days following the addition or change of bank information unless this form or the **Withdrawal Form** includes a notarization acknowledgement.

Signature of Beneficiary or Authorized Legal Representative

Date (mm/dd/yyyy)

5 A notarization acknowledgement is required to avoid a 10-day hold period

If you want to avoid a 10-day hold period associated with the addition or change in bank information, please have your signature notarized below.

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.

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

The undersigned has read the foregoing in its entirety before signing. IN WITNESS WHEREOF, I have hereunto

set my hand this _____ day of _____, 20____.

Day (#) Month Year

Signature of Beneficiary or Authorized Legal Representative

State of Oregon, County of _____

This instrument was acknowledged before me

physical presence online notarization

on _____
Date (mm/dd/yyyy)

by _____
Name of person (First and last)

My term expires: _____
Date (mm/dd/yyyy)

Notary Public (Seal)

Signature of Notary Public