Removal of Authorized Legal Representative Form

TEXAS able
A SAVINGS PLAN FOR TEXANS WITH DISABILITIES

| PLEASE READ THE IMPORTANT INFORMATION BELOW

Print clearly in all CAPITAL LETTERS using blue or black ink.

When requested, please color in circles completely. For example: ●

not ⊗ not ✓

Please read the **Program Disclosure Statement and Participation Agreement** carefully before completing this form. You can access this document at: www.TexasABLE.org/plandisclosure.pdf.

Complete this form if you would like to remove the account's current Authorized Legal Representative and appoint the Beneficiary to self-administer his/her own account.

Along with this form, you must also provide a copy of a government-issued form of identification for the Beneficiary that displays the Beneficiary's date of birth. If the Authorized Legal Representative's authority to act on behalf of the Beneficiary was decided by a court, you must also include documentation from the court showing termination of such authority. Please submit any proof of the Authorized Legal Representative's removal or termination of authority to act on behalf of Beneficiary on his/her Texas ABLE Program Account.

If you have any questions, please call us at **1-844-489-2253**, Monday through Friday from 8am to 6pm, Central Time.

Please mail or upload the completed form and any required documents.

To Upload:

Log into your account at access.TexasABLE.org, select the document tab at the top of your home page and click UPLOAD Documents.

To Mail:

Texas ABLE Program
P.O. Box 44035
Jacksonville, FL 32231

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1 | BENEFICIARY INFORMATION:

Name (first, middle initial, last)

Date of birth (mm/dd/yyyy)

Social Security Number or ITIN

Texas ABLE® Program Account Number

2 | CURRENT AUTHORIZED LEGAL REPRESENTATIVE INFORMATION:

Name (first, middle initial, last)

Social Security Number or ITIN

Date of birth (mm/dd/yyyy)

Email Address

Daytime Telephone ○ Cell Phone ○ Land Line

Mailing Address (Where you receive your mail)

City

State

Zip/Postal Code

3 | CONFIRM THE BENEFICIARY'S INFORMATION

Email Address

Primary Telephone ○ Cell Phone ○ Land Line

Individuals have to be a U.S. citizen or permanent resident alien to open an account.

Permanent Address 1 (Where you currently live)
(This must be a street address; a PO Box cannot be accepted.)

City

State

Zip Code

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

IF THE MAILING ADDRESS IS DIFFERENT FROM THE PERMANENT ADDRESS
Please complete the requested information below:

Mailing Address 1 (Street address or a PO Box)

City

State

Zip Code

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

4 | CURRENT AUTHORIZED LEGAL REPRESENTATIVE:

This must be reviewed and signed by the **Current Authorized Legal Representative.**

- I certify under the penalties of perjury that all the information provided by me on this form is true, complete and correct.
- I certify under the penalties of perjury that I am the current Authorized Legal Representative for the Beneficiary's Texas ABLE® Program Account.
- If I have set up automatic recurring contributions to the Beneficiary's account, I understand the contributions will be canceled.
- [Applicable only if you were acting as the Beneficiary's legal guardian or other fiduciary]: I certify under the penalties of perjury that I am no longer authorized to act on behalf of the Beneficiary on his/her Texas ABLE Program Account.
- I understand that by removing myself as Authorized Legal Representative, my participation in administering the Beneficiary's account will cease and that I will no longer have access to the account, the portal for the account, or account information. If I have any of the Beneficiary's Texas ABLE Program Account funds currently in my possession, I will promptly turn those funds over to the Beneficiary.

Signature of Current Authorized Legal Representative **Date**

OR

If the current Authorized Legal Representative has died, you must provide a certified copy of the Death Certificate.

NOTARY

5 | BENEFICIARY SIGNATURE:

This must be reviewed and signed by the **Beneficiary**.

- I certify under the penalties of perjury that all the information provided by me on this form is true, complete and correct.
- I certify under the penalties of perjury that I am the current account Beneficiary.
- I have read and understand the Texas ABLE Program Plan Disclosure and Participation Agreement. I agree to all terms contained in the Plan Disclosure and Participation Agreement.
- I certify under the penalties of perjury that I am over the age of 18 and competent to manage my own Texas ABLE Program Account and that I have legal authority to manage my Program Account.

Signature of Beneficiary **Date**

NOTARY

5 | PLEASE REMEMBER TO:

1. **HAVE THIS FORM NOTARIZED BEFORE SUBMITTING IT TO TEXAS ABLE PROGRAM CUSTOMER SERVICE.**
2. **INCLUDE A COPY OF ANY COURT ORDERS, IF APPLICABLE.**
3. **INCLUDE A COPY OF A GOVERNMENT-ISSUED FORM OF IDENTIFICATION FOR THE BENEFICIARY. THIS IDENTIFICATION MUST INDICATE THE BENEFICIARY'S DATE OF BIRTH.**

6 | NEXT STEPS:

Once we have processed the change, the username and password of the Current Authorized Legal Representative on the Texas ABLE® Program Account will be deactivated. You will need to go to access.TexasABLE.org and click on "Register for Online Access" to set up a new username and password for the account. At that time, you will also be prompted to update the Account's delivery options to ensure proper delivery of account documents and tax forms.

We will contact you once this form has been processed to let you know when you can set up your new username and password.

The Texas ABLE® Program ("Program") is administered by the Texas Prepaid Higher Education Tuition Board ("Board). Orion Advisor Solutions, Inc. is the manager of the Program. The Program and the Board do not provide legal, financial, benefit, or tax advice and you should consult a legal, financial, benefit, or tax advisor before participating.

Non-residents of Texas should consider whether their home state, or the beneficiary's home state, offers its residents any tax or other state benefits that are only available for participants in that state's plan.

An account could lose money including the principal invested. Other than the Bank Savings Account option, accounts are not insured or guaranteed by the FDIC. No part of an account is a deposit or obligation of, or is guaranteed or insured by, the Board, the state of Texas, or any agency or agent thereof. Interests in the Program have not been registered with or approved by the SEC or any state. Investors should carefully consider the tax consequences, impact on benefit eligibility, Medicaid recapture, investment objectives, risks, fees, charges, and expenses associated with the Program. The Board may suspend, modify, or terminate the Program or change investment approaches, offerings, and/or underlying investment funds at any time and without the consent of account owners, authorized legal representatives, or beneficiaries. The Program Disclosure Statement and Participation Agreement contain this and other important information about the Program and may be obtained by visiting www.TexasABLE.org or calling 844-4TX-ABLE (844-489-2253). Investors should read the Program Disclosure Statement and Participation Agreement and all other Program documents carefully before investing.

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