Change 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 current Authorized Legal Representative and appoint a new Authorized Legal Representative that is not the account Beneficiary.

The new Authorized Legal Representative must be one of the following:

1. An agent under a power of attorney
2. Conservator
3. Legal guardian
4. Spouse
5. Parent
6. Sibling
7. Grandparent
8. Representative payee (individual or organization)

When submitting this form, the new Authorized Legal Representative must provide valid form of government-issued identification and valid Authorization legal documentation that he/she falls into the categories listed above (e.g., birth certificate, guardianship order, trustee agreement, power of attorney, representative payee appointment letter, marriage certificate, or other documentation proving fiduciary status).

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

VALID IDENTIFICATION DOCUMENTATION

Please provide one valid form of identification documentation for each of the marked areas below.

Acceptable forms of documentation: (submit a copy of only one of the choices per item that need verification)	
Name/Date of Birth	Valid Driver's License, Valid Passport, Valid Government-Issued Identification Card, or Birth Certificate
Social Security Number or Individual Taxpayer Identification Number (ITIN)	Social Security Card or ITIN Card
Address	Current Phone/Utility Bill with current address, or Current Bank statement with current address

VALID AUTHORIZED LEGAL REPRESENTATIVE DOCUMENTATION

Please provide one valid document from the category that describes you.

Acceptable forms of documentation: (submit a copy of only one document; other government or court issued documentation may be accepted on a case by case basis))	
Power of Attorney	Power of attorney instrument, trust agreement or other documentation proving fiduciary status
Conservator	Conservatorship Document
Legal Guardian	Guardianship Order
Spouse	Marriage Certificate
Parent	Beneficiary Birth Certificate or Adoption Orders
Sibling	Birth Certificates of the Beneficiary and Sibling
Grandparent	Parent and Beneficiary Birth Certificates
Representative Payee (individual or organization)	Representative Payee Appointment Letter

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

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

City **State** **Zip/Postal Code**

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

City **State** **Zip/Postal Code**

3 | NEW AUTHORIZED LEGAL REPRESENTATIVE'S INFORMATION:

Relationship to Beneficiary (choose one):

- ○ Agent under Power of Attorney
- ○ Conservator
- ○ Legal Guardian
- ○ Spouse
- ○ Parent
- ○ Sibling
- ○ Grandparent
- ○ Representative Payee

Title **Your Name** (first, middle initial, last)

Social Security Number or ITIN

Date of birth (mm/dd/yyyy)

Email Address

Primary Telephone ○ Cell Phone ○ Land Line

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:

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

Mailing Address 1 (Where you receive your mail)
(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 cancelled.
- [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 portal for the account and 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 or the new Authorized Legal Representative designated herein.

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.

OR

If the current Authorized Legal Representative does not consent to this form, but no longer has legal authority to administer the Beneficiary's Texas ABLE® Program Account, you must provide legal documentation to that effect. This would include a revocation of the current Authorized Legal Representative's trustee agreement or other documentation of fiduciary status or a termination of guardianship.

NOTARY

5 | NEW AUTHORIZED LEGAL REPRESENTATIVE:

This section must be reviewed and signed by the **New 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 penalties of perjury that I am authorized to act on behalf of the Beneficiary on his/her Texas ABLE® Program Account.
- 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 legally authorized to open this account for the Beneficiary and act as the Authorized Legal Representative on the account. I certify that there is no other person with higher priority willing and able to act as the Authorized Legal Representative for the Beneficiary. I certify that I am one of the following in relation to the Designated Beneficiary: an authorized agent under a Power of Attorney, a Conservator, a Legal Guardian, the Spouse, a Parent, a Sibling, a Grandparent, or a Representative Payee appointed for the eligible individual by the Social Security Administration, and can legally serve as the Authorized Legal Representative on the account. I certify that I have a legal document(s) that authorizes me to act on behalf of the Designated Beneficiary, and I agree to furnish this document(s) upon the Program's request. I understand I will not acquire a beneficial interest in the account during the Beneficiary's lifetime and will administer the account for the benefit of the Beneficiary.
- I understand that once I become the Beneficiary's Texas ABLE® Program Account Authorized Legal Representative, I will have sole transactional authority over the Beneficiary's Texas ABLE® Program Account, subject to any applicable court orders. I understand that as Authorized Legal Representative, I must make financial decisions that are solely for the benefit of the Beneficiary. I also understand that all funds in the Texas ABLE® Program Account belong to the Beneficiary.

Signature of New Authorized Legal Representative **Date**

NOTARY

5 | PLEASE REMEMBER TO:

1. **HAVE THIS FORM NOTARIZED BEFORE SUBMITTING IT TO TEXAS ABLE® PROGRAM ACCOUNT CUSTOMER SERVICE.**
2. **INCLUDE PROOF OF THE AUTHORIZED LEGAL REPRESENTATIVE'S RELATIONSHIP TO THE BENEFICIARY (SEE VALID DOCUMENTATION REFERENCED ABOVE).**
3. **INCLUDE A COPY OF A GOVERNMENT-ISSUED FORM OF IDENTIFICATION FOR THE AUTHORIZED LEGAL REPRESENTATIVE.**

6 | NEXT STEPS:

Once we have processed the change, the current username and password used to access the Beneficiary's Texas ABLE® Program Account will no longer work.

The new Authorized Legal Representative 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 begin setting 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.

© 2022 Texas Prepaid Higher Education Tuition Board. "Texas ABLE" is a registered service mark of the Texas Prepaid Higher Education Tuition Board and distributed by Northern Lights Distributors, LLC, Member FINRA, SIPC. 4221 N 203rd St, Suite 100, Elkhorn NE 68022. All rights reserved.