

Important information about opening a new account:

- A separate form is needed for each CalABLE account.
- The Beneficiary or the Authorized Legal Representative must sign this form.
- Keep in mind that all communications are sent to the mailing address listed on the CalABLE account.
- You cannot make withdrawals by check for 15 days following the change of your address unless either this form or the Withdrawal Form includes a notarization acknowledgement **(Step 5)**.

Need help?

Give us a call Monday – Friday
from 6am – 5pm PT at
1-833-Cal-ABLE
(833-225-2253)

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

Mail the form to:

CalABLE
P.O. Box 534403
Pittsburgh, PA 15253- 4403

Overnight Mail:

CalABLE
Attention: 534403
500 Ross Street, 154-0520
Pittsburgh, PA 15262

Fax:

844-761-0239

1 CalABLE account information

Name of Beneficiary on the CalABLE Account (First and last)

____ - ____ - ____
Beneficiary's Social Security or **Taxpayer Identification Number**

9 9 - ____
CalABLE account number

2 Which addresses do you want to change?

(Select all that apply if the addresses are the same)

- The Beneficiary's residential address
- Mailing address

3 New address

If the Beneficiary moves out of the state of California, they can keep their CalABLE account and continue to use it.

If you're updating the Beneficiary's address, it cannot be a PO box.

Street address 1

Street address 2

City

State

____ - ____ - ____
Zip Code

____ - ____ - ____ - ____ - ____
Telephone number

4 Sign the form

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

You cannot make withdrawals by check for 15 days following the change of your address unless either this form or the **Withdrawal Form** include a notarization acknowledgement..

Signature of Authorized Legal Representative

____ / ____ / ____ - ____ - ____
Date (mm/dd/yyyy)

5 A notarization acknowledgement is required for an Authorized Legal Representative

Keep in mind that:

- If I am an Authorized Legal Representative, I certify that I am authorized to act on behalf of the Account Owner or the Beneficiary in making this request and that this request is in the best interest of the Beneficiary.
- By signing below, I authorize the Plan Manager or its designee to change the address according to the instructions above.

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

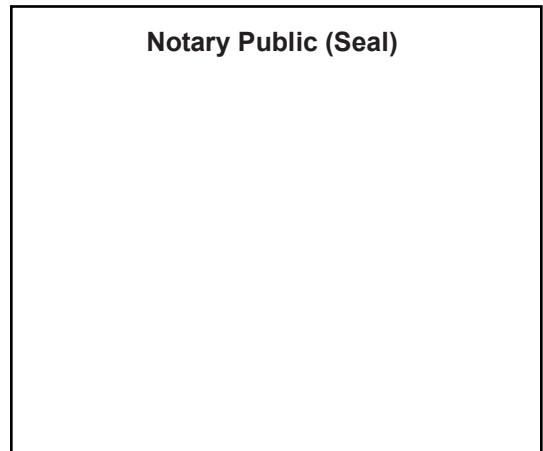
STATE OF _____, COUNTY OF _____
County

This instrument was acknowledged before me

on _____ day of _____, 20____
Day (#) Month Year

by _____
Name of person (first and last)

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



Signature of Notary Public

