

Important information about this form:

- Fill out this form to change the name of the Beneficiary or the Authorized Legal Representative for this CalABLE account.
- If you're an Authorized Legal Representative managing more than one account with a name change, you'll have to fill out a separate form for each account.
- The Beneficiary or the Authorized Legal Representative must sign this form.
- A name change requires a notarization acknowledgment in **Step 4**.
- The name associated with the CalABLE account must match the first and last name on the bank account connected to it. If you are making a change of name, you might also have to update your bank account information.

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 Tell us about the name change

If you need to make a name change for both the Beneficiary and the Authorized Legal Representative, you will need to fill out two separate forms. Both forms will require a notarization acknowledgement.

This change is for: Beneficiary Authorized Legal Representative

New Name (First and last)

Reason for change: Marriage Divorce Other: _____

3 Sign the form

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

Signature of Beneficiary or Authorized Legal Representative

___/___/_____
Date (mm/dd/yyyy)

4 A notarization acknowledgement is required for a name change

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 CalABLE 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

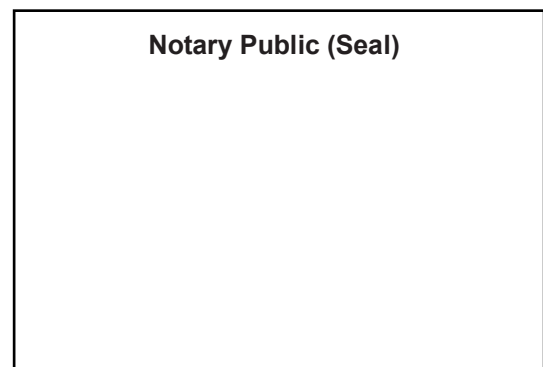
State of _____, County of _____

This instrument was acknowledged before me

on _____
Date (mm/dd/yyyy)

by _____
Name of person (First and last)

My commission expires: ___/___/_____
Date (mm/dd/yyyy)



Signature of Notary Public