

**Important information about this form:**

- Before completing this form, carefully read the **Program Disclosure Statement and Participation Agreement**.
- If the account already has an Authorized Legal Representative, please complete a **Change Authorized Legal Representative Form** instead.
- An eligible person can only have one ABLÉ account open at any time.
- There can only be one Authorized Legal Representative managing an account at any time.
- Fill out the **Bank Add/Change Request Form** to make updates to the banking information regarding the Authorized Legal Representative — if applicable.
- A notarization acknowledgement is required for the Authorized Legal Representative and the adult Beneficiary. If the Beneficiary has become incapacitated, proof will be required instead of a signature.
- Type or print clearly in black ink, and do not staple the pages.

**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 Reason for adding Authorized Legal Representative**

(Please select one)

- ☐ Adult Beneficiary has selected an Authorized Legal Representative to manage the account  
(Signatures are required for the Authorized Legal Representative and the adult Beneficiary in **Steps 7 – 9**)
- ☐ Adult Beneficiary has become incapacitated since opening the account  
(The Authorized Legal Representative's signature and proof of incapacitation are required in **Steps 7 – 9**)

**3 New Authorized Legal Representative information**

\_\_\_\_\_  
**Name** (First and last)

**Relationship to the Beneficiary** (Please select one)

I certify under the penalties of perjury that I am the Beneficiary's:

- |  |   |
|--|---|
| <input type="radio"/> <b>Power of Attorney</b><br>I have the Power of Attorney to open and manage a CalABLE account for the Beneficiary.                                 | <input type="radio"/> <b>Parent</b><br>I have the authority to open and manage an CalABLE account for the Beneficiary.              |
| <input type="radio"/> <b>Legal Guardian</b><br>The Beneficiary does not have a Power of Attorney pertaining to this CalABLE account, and I am their legal guardian.      | <input type="radio"/> <b>Sibling</b><br>I have the authority to open and manage a CalABLE account for the Beneficiary.              |
| <input type="radio"/> <b>Conservator</b><br>The Beneficiary does not have a Power of Attorney pertaining to this CalABLE account, and I have been appointed conservator. | <input type="radio"/> <b>Grandparent</b><br>I have the authority to open and manage a CalABLE account for the Beneficiary.          |
| <input type="radio"/> <b>Spouse</b><br>I have the authority to open and manage a CalABLE account for the Beneficiary.  | <input type="radio"/> <b>Representative Payee</b><br>I have the authority to open and manage a CalABLE account for the Beneficiary. |

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
**Date of Birth** (mm/dd/yyyy)

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
**Social Security** or **Taxpayer Identification Number**

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
**Telephone number**

**Residential address**

No PO boxes are accepted for a residential address.

\_\_\_\_\_  
**Street address 1**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**Street address 2**

\_\_\_\_\_  
**State**

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
**Zip Code**

## 4 Communication preferences

### Mailing address

P.O. boxes are accepted for a mailing address.

- ☐ Use the Beneficiary's residential address as the mailing address  
(Leave address information below blank)

\_\_\_\_\_  
**Street address 1**

\_\_\_\_\_  
**Street address 2**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip Code**

**Choose how you want to receive statements and tax forms for all the accounts you manage**  
(Please select one)

- ☐ Send digital tax forms, account information and quarterly statements by email  
(Please answer **Step 4A** below)
- ☐ Send digital quarterly statements and account information by email, but send tax forms by U.S. mail\*  
(Please answer **Step 4A** below)
- ☐ Send quarterly statements, account information and tax forms by U.S. mail\*  
(You'll be charged \$10 per account, per year)

### 4A What email address should we use?

Answer if you've chosen to receive items by email

\_\_\_\_\_  
Email

\* All documents sent by U.S. mail will be mailed to the account's mailing address.

## 5 Work Information

Providing employment information will help us understand how the account is being funded.

**What is the Beneficiary or Authorized Legal Representative's work status?** (Please select one)

☐ Employed
 ☐ Self-Employed
 ☐ Retired or Not Working

**A**

What's your occupation (Please select one)

Answer if **employed** or **self-employed**:

- |   |   |
|---|---|
| <input type="radio"/> Accounting/Auditing           | <input type="radio"/> Hospitality/Food  |
| <input type="radio"/> Admin/Clerical                | <input type="radio"/> Independent Investor  |
| <input type="radio"/> Art/Antiques Dealer           | <input type="radio"/> Information Technology  |
| <input type="radio"/> Banking Professional          | <input type="radio"/> Insurance   |
| <input type="radio"/> Cannabis related business     | <input type="radio"/> Legal Services  |
| <input type="radio"/> Car/Boat/Airplane Dealer      | <input type="radio"/> Manufacturing/Production  |
| <input type="radio"/> Casino/Gaming                 | <input type="radio"/> Nonprofit Executive   |
| <input type="radio"/> Construction/Skilled Trade    | <input type="radio"/> Operations  |
| <input type="radio"/> Creative/Design/Architectural | <input type="radio"/> Other:  |
| <input type="radio"/> Defense/Military              | <div style="border-bottom: 1px solid black; width: 150px; margin-top: 5px;"></div><br>(Please write in your occupation) |
| <input type="radio"/> Editorial/Writing/Publishing  | <input type="radio"/> Public Service  |
| <input type="radio"/> Education                     | <input type="radio"/> Retail/Sales/Real Estate  |
| <input type="radio"/> Elected Official/Embassy      | <input type="radio"/> Student   |
| <input type="radio"/> Engineering/Science/R&D       | <input type="radio"/> Transportation/Warehousing  |
| <input type="radio"/> Entertainment/Sports/Arts     |   |
| <input type="radio"/> Financial Services            |   |
| <input type="radio"/> Health Care Professional      |   |

**B**

Please choose all of your sources of income\* (Select all that apply)

Answer if **retired** or **not working**:

- ☐ Retirement Savings  
☐ Spousal Support  
☐ Social Security or Pension  
☐ Other Government Services  
☐ Other:

\_\_\_\_\_  
(Please write in all other sources)

**6 Verify your identity**

The Authorize Legal Representative must provide identification.

**How to provide identification****Acceptable ID Documentation****Option A**

Include a copy of a Department of Motor Vehicles State ID

**Option B**

Include a copy of both your Social Security card and your birth certificate

To help the government fight the funding of terrorism and money laundering, federal law requires us to obtain certain personal information, including your name, address, date of birth, and Social Security number or taxpayer identification number and other information that will allow us to verify your identity. If we are unable to verify your identity, we may have to close your account or take other steps we think are necessary.

**7 Sign the form**

By signing below, I am agreeing to the terms and conditions set forth below and in the **Program Disclosure Statement and Participation Agreement**. I understand and agree that those documents govern all aspects of this Account and are incorporated herein by reference.

I will retain a copy of the **Program Disclosure Statement** for my records. I understand that the CalABLE program may, from time to time, amend the **Program Disclosure Statement**, and I understand and agree that I will be subject to the terms of those amendments.

I certify that all of the information provided by me on this form is, and all information provided by me in the future will be, true, complete and correct and I authorize the Program to make changes to my account based upon this information.

Additionally, I certify under penalty of perjury:

- The Beneficiary's disability or blindness is expected to result in death or has lasted, or can be expected to last for a continuous period of not less than 12 months and that I will notify the Program of any change to the status of the beneficiary's disability or blindness (including any potential cure or remission of such disability or blindness) promptly upon such occurrence.
- The priority for opening an account as an ALR is as follows in this order: an ALR is anyone who is selected by the eligible Beneficiary with legal capacity (who has power of attorney), an individual's agent under a power of attorney, a conservator or legal guardian, a spouse, parent, sibling or grandparent, or a Social Security Administration representative payee (individual or organization). A person may self-attest/certify that they are authorized to open the CalABLE account and there is no other person higher in order willing to establish the account. According to Internal Revenue Service ("IRS") guidance, the Authorized Legal Representative may neither have, nor acquire, any beneficial interest in the CalABLE account during the Beneficiary's lifetime and must administer the CalABLE account for the benefit of the Beneficiary. Whenever an action is required to be taken by a Beneficiary in connection with a CalABLE account with an Authorized Legal Representative, it must be taken by the Beneficiary's Authorized Legal Representative acting in that capacity.

The Authorized Legal Representative must sign below. The adult Beneficiary must sign below unless they have become incapacitated, in which case the Authorized Legal Representative must provide proof to the Plan along with this form.

\_\_\_\_\_  
**Signature of Authorized Legal Representative**

\_\_\_ / \_\_\_ / \_\_\_  
**Date** (mm/dd/yyyy)

\_\_\_\_\_  
**Signature of adult Beneficiary — If applicable**

\_\_\_ / \_\_\_ / \_\_\_  
**Date** (mm/dd/yyyy)

**8 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 make changes to my account 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 Authorized Legal Representative**

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_  
State 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)

**Notary Public (Seal)**

\_\_\_\_\_  
**Signature of Notary Public**

**9 A notarization acknowledgement is required for an adult Beneficiary – If applicable**

If the adult Beneficiary has become incapacitated, the Authorized Legal Representative must provide proof to the Plan along with this form.

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 – If over the age of 18**

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_  
State 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)

**Notary Public (Seal)**

\_\_\_\_\_  
**Signature of Notary Public**