

CHANGE OF AUTHORIZED LEGAL REPRESENTATIVE FORM

PLEASE READ THE IMPORTANT INFORMATION BELOW

Please read the **Plan Disclosure Statement and Participation Agreement** carefully before completing this form. You can access this document at:
<http://www.stableaccount.com/files/stablepds.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. Parent of the Beneficiary
2. Legal financial guardian of the Beneficiary
3. A person granted power of attorney to manage the Beneficiary's STABLE Account

When submitting this form, the new Authorized Legal Representative must provide proof that he/she falls into one of the categories above (e.g. birth certificate, guardianship order, or power of attorney form). The new Authorized Legal Representative must also submit one copy of a government-issued form of identification.

Print clearly, in uppercase letters, with blue or black ink.

HAVE THE ATTACHED FORM NOTARIZED AND UPLOAD TO:

access.STABLEAccount.com

Login to you account, select the documents tab at the top of your home page and click
UPLOAD Documents

1. CURRENT ACCOUNT INFORMATION



BENEFICIARY INFORMATION:

Name (First, MI, Last, Suffix)

 / /

Date of Birth (mm/dd/yyyy)

Social Security Number

STABLE Account Number

CURRENT AUTHORIZED LEGAL REPRESENTATIVE INFORMATION:

Name (First, MI, Last, Suffix)

Social Security Number

 / /

Date of Birth (mm/dd/yyyy)

Email Address

 - - Cell Phone
 Land Line

Daytime Telephone

Permanent Address

City

State

Zip/Postal Code

Mailing Address

City

State

Zip/Postal Code

CONTINUE TO SECTION 2 >>>

2. CHANGE REQUESTED

ENTER THE NEW AUTHORIZED LEGAL REPRESENTATIVE'S INFORMATION:

<input type="text"/>	<input type="text"/>
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Title **Your Name** (First, MI, Last, Suffix)

Social Security Number

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
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Date of Birth (mm/dd/yyyy)

Email Address

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="checkbox"/> Cell Phone
					<input type="checkbox"/> Land Line

Primary Telephone

Permanent Address 1

This must be a street address; a PO Box cannot be accepted.

<input type="text"/>	<input type="text"/>	<input type="text"/>
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City

State

Zip Code

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

Check this box if Address Outside of United States

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

<input type="text"/>	<input type="text"/>	<input type="text"/>
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City

State

Zip Code

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

Check this box if Address Outside of United States

Relationship to Beneficiary (choose one):

- Parent
- Legal Guardian
- Power of Attorney

CONTINUE TO SECTION 3 >>>

This section 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 STABLE 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 financial guardian under a court order]: I certify under the penalties of perjury that my legal financial guardianship of the Beneficiary has been terminated by a court.
- » 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. If I have any of the Beneficiary's STABLE funds currently in my possession, I will promptly turn those funds over to the Beneficiary or the new Authorized Legal Representative
- » I understand that any STABLE Cards that have been issued in connection with the Beneficiary's account will be inactivated once this form is processed.

 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.

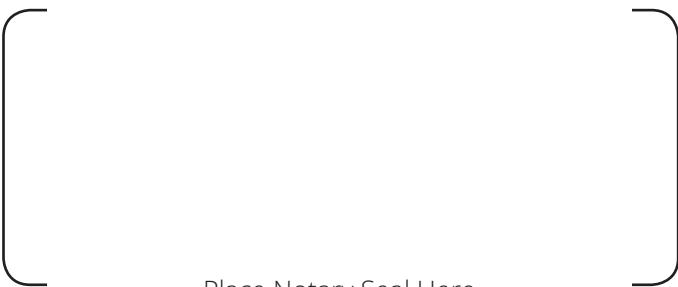
OR

If the current Authorized Legal Representative does not consent to this form, but no longer has legal authority to administer the Beneficiary's STABLE Account, you must provide legal documentation to that effect. This would include a revocation of the current Authorized Legal Representative's power of attorney, or a termination of guardianship.

STATE OF _____ COUNTY OF _____

The foregoing was acknowledged before me this _____ day of _____ by

Print Name of Beneficiary



Place Notary Seal Here

Signature of Notary

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 have read and understand the STABLE Account Plan Disclosure Statement and Participation Agreement. I agree to all terms contained therein.
- » I certify under the penalties of perjury that I am one of the following:
 - Parent of the Beneficiary
 - Legal financial guardian of the Beneficiary
 - A person granted power of attorney to manage the Beneficiary’s STABLE Account
- » I understand that once I become the Beneficiary’s STABLE Account Authorized Legal Representative, I will have sole transactional authority over the Beneficiary’s STABLE Account, subject to any applicable court orders. I understand that as Authorized Legal Representative, I must make financial decisions that are in the best interests of the Beneficiary. I also understand that all funds in the STABLE Account belong to the Beneficiary.
- » I understand that if the Beneficiary has a STABLE Card, this card will be inactivated, and a new card will be issued in my name. Any remaining balance from the prior card will be transferred to the new card. I understand that any funds on the STABLE Card are owned by the Beneficiary and must be used for the best interests of the Beneficiary.

Signature of **New Authorized Legal Representative** *

Date

STATE OF _____

COUNTY OF _____

The foregoing was acknowledged before me this _____ day of _____ by

Print Name of Beneficiary



Place Notary Seal Here

Signature of Notary

CONTINUE TO SECTION 4 >>>

PLEASE REMEMBER TO:

1. HAVE THIS FORM NOTARIZED BEFORE SUBMITTING IT TO STABLE ACCOUNT CUSTOMER SERVICE
2. INCLUDE PROOF OF THE AUTHORIZED LEGAL REPRESENTATIVE'S RELATIONSHIP TO THE BENEFICIARY (BIRTH CERTIFICATE, GUARDIANSHIP ORDER, OR POWER OF ATTORNEY FORM).
3. INCLUDE THE LEGAL DOCUMENTATION SPECIFIED ABOVE IN SECTION 3 IF THE CURRENT AUTHORIZED LEGAL REPRESENTATIVE IS UNABLE OR UNWILLING TO SIGN THIS FORM.
4. INCLUDE A COPY OF A GOVERNMENT-ISSUED FORM OF IDENTIFICATION FOR THE NEW AUTHORIZED LEGAL REPRESENTATIVE.

Next Steps:

Once we have processed your change, the original username and password used to access the Beneficiary's STABLE Account will no longer work.

The new Authorized Legal Representative will need to go to <https://access.stableaccount.com> 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 your delivery options to ensure proper delivery of your 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.