



# Change of Authorized Legal Representative Form for Entity ALR

## Important information about this form:

- Before completing this form, carefully read the Plan Disclosure Statement and Participation Agreement.
- A new Entity Authorized Legal Representative (Entity ALR) is required to complete and submit an Entity Authorized Legal Representative Establishment Form before submitting this form.
- An eligible person can only have one STABLE Account open at any time.
- There can only be one Authorized Legal Representative (ALR) managing an account at any time, regardless of the ALR being an individual ALR or an Entity ALR.
- Fill out the **Bank Add/Change Request Form** to make updates to the banking information, if it's affected by changing the Authorized Legal Representative.
- Type or print clearly in black ink, and do not staple the pages.

### Need help?

Give us a call Monday – Friday  
from 9am – 8pm ET at  
**1-800-439-1653**

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

### Mail the form to:

STABLE Account Plan  
PO Box 9671  
Providence RI 02940-9671

### Overnight Mail:

STABLE Account Plan  
4400 Computer Drive  
Westborough, MA 01581

## 1 STABLE Account information

\_\_\_\_\_  
Name of the Beneficiary on the STABLE Account (first and last)

\_\_\_\_\_  
Beneficiary's Social Security or Taxpayer Identification Number

**ST** – \_\_\_\_\_  
STABLE Account number

**2 Reason for appointing a new Entity Authorized Legal Representative**

(Please select one.)

- Resignation of Individual Authorized Legal Representative (e.g. relocation, beneficiary no longer supported by the individual, etc.). (Signatures are required for the resigning and the new Authorized Legal Representative in **Step 7.**)
- Individual Authorized Legal Representative is deceased or incapacitated (A Death Certificate or proof of incapacitation and signature of the new Authorized Legal Representative are required in **Step 7.**)
- Resignation of Entity Authorized Legal Representative (e.g. relocation, beneficiary no longer supported by the organization, etc.). (Signatures are required for the resigning and the new Authorized Legal Representative in **Step 7.**)

**3 Resigning Authorized Legal Representative information**

\_\_\_\_\_  
Name (first and last for individual ALR, or legal business name for Entity ALR)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date of birth / formation (mm/dd/yyyy)

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Social Security Number

or

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Employer Identification Number

**4 New Entity Authorized Legal Representative information**

When an Entity ALR is managing the account for a Beneficiary, it is required to submit legal documentation from the Beneficiary authorizing the relationship defined below.

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Name of Entity ALR

Relationship to the Beneficiary? (Please select one.)

The Entity ALR certifies under the penalties of perjury that the Entity ALR is the Beneficiary's:

- Attorney-in-Fact under Power of Attorney  
The beneficiary has granted the Entity ALR Power of Attorney to open and manage a STABLE Account for the Beneficiary.
- Legal Guardian  
The Beneficiary does not have a Power of Attorney pertaining to this STABLE Account, and the Entity ALR is their full legal guardian, or legal guardian of property.
- Conservator  
The Beneficiary does not have a Power of Attorney pertaining to this STABLE Account and the Entity ALR has been appointed conservator.
- Representative Payee  
The Beneficiary does not have a Power of Attorney pertaining to this STABLE Account and the Entity ALR has been appointed representative payee.

Please read and confirm the attestation below by checking the box.

I am authorized to open this account for the Beneficiary because I am the Beneficiary's guardian, or agent under a financial power of attorney. If I am a guardian opening an account for my ward, I certify that I am a court-appointed guardian, that my appointment as guardian has not been revoked and that my authority as guardian includes opening this account on behalf of the ward. If I am an agent acting pursuant to a power of attorney, I certify that the Beneficiary is alive, that the Beneficiary has not revoked the power of attorney or my authority to act pursuant to the power of attorney, that my authority to act pursuant to the power of attorney has not been otherwise terminated, and that if the power of attorney was drafted to become effective upon the happening of an event or contingency, that the event or contingency has occurred.

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Entity ALR's Date of formation (mm/dd/yyyy)

\_\_\_\_-\_\_\_\_\_  
Entity ALR's Employer Identification Number

\_\_\_\_-\_\_\_\_-\_\_\_\_\_  
Entity ALR's Telephone number

**Entity ALR's address**

P.O. boxes are *not* accepted for an Entity ALR's business address.

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

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

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_-\_\_\_\_-\_\_\_\_\_  
ZIP Code

**5 New Entity Authorized Legal Representative Communication Preferences**

Mailing address

P.O. boxes may be used for a mailing address.

- Use the Entity ALR's business address as the mailing address  
(leave address information below blank)
- Use the mailing address listed below

\_\_\_\_\_  
Street address 1\_\_\_\_\_  
Street address 2\_\_\_\_\_  
City\_\_\_\_\_  
State\_\_\_\_\_  
ZIP Code

Choose how the Entity ALR wants to receive statements and tax forms for all of the accounts managed by the Entity.

(Please select one.)

- Send digital tax forms, account information and quarterly statements by email.  
(Please answer Step 5A below.)
- Send digital quarterly statements and account information by email, but send tax forms by U.S. mail.\*  
(Please answer Step 5A below.)
- Send quarterly statements, account information and tax forms by U.S. mail.\*  
(You'll be charged \$10 per account, per year.)

**A** What email address should we use?

Answer if the Entity ALR chooses to receive items by email, and please provide an email address that is accessible to all of the active Agents assigned by the Entity ALR.

\_\_\_\_\_  
Entity ALR Email (accessible to all Agents acting on behalf of the Entity)

\* All documents sent by U.S. mail will be mailed to the mailing address indicated above.

**6 Sign the form**

By signing below, the Agent on behalf of the Entity ALR is agreeing to the terms and conditions set forth below and in the **Participation Agreement**. The Entity ALR understands and agrees that these documents govern all aspects of this Account and are incorporated herein by reference.

The Entity ALR will retain a copy of the **Plan Disclosure Statement** for its records. The Entity ALR understands that the STABLE Account Program may, from time to time, amend the **Plan Disclosure Statement** and the **Participation Agreement**, and it understands and agrees that it will be subject to the terms of those amendments.

The Entity ALR certifies that all of the information provided on this **Change of ALR Form** is, and all information provided in the future will be, true, complete and correct.

Additionally, the Agent on behalf of the Entity ALR certifies 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 the Entity ALR 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 Entity ALR is the Beneficiary's Attorney-in-Fact for the Account, full legal guardian or conservator or the legal guardian of property.
- The Entity ALR is authorized to act on the Beneficiary's behalf in managing the Account and that this Account is in the best interest of the Beneficiary.

The resigning Authorized Legal Representative must sign below with the new Authorized Legal Representative. If the resigning Authorized Legal Representative is deceased or incapacitated, no signature is required and a Death Certificate or proof of incapacitation must be provided.

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Signature of resigning Authorized Legal Representative or  
signature of Agent signing on behalf of resigning  
Entity Authorized Legal Representative

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Date (mm/dd/yyyy)

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Signature of Agent  
signing on behalf of the Entity Authorized Legal Representative

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Date (mm/dd/yyyy)