

**Important information about opening, as the Entity ALR of the Beneficiary, a new STABLE Account for the Beneficiary:**

- Before completing this form, carefully read the **Plan Disclosure Statement** and **Participation Agreement**.
- Before completing this form, please complete an **Entity Authorized Legal Representative Establishment** form.
- An eligible person can only have one STABLE Account open at any time.
- Fill out all required sections of this form to open, as the Entity ALR of the Beneficiary, a new STABLE Account for the Beneficiary.
- An initial contribution of at least \$25 is required to open an account.
- The name of the Beneficiary or the Entity ALR must be associated with the title of the bank account, if a bank account is to be connected to the STABLE Account.
- Type or print clearly in black ink, and do not staple the pages or check.
- There is an annual standard contribution limit of \$15,000.
- If the Beneficiary is making an ABL to Work contribution, additional contributions in an amount equal to the Beneficiary's gross income, up to an annual maximum of the federal poverty level for a one-person household, are permitted over and above the standard \$15,000 contribution limit.

**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 Is this a rollover from another ABL plan?**

- Yes (please also fill out one of the applicable Rollover Forms in addition to this form. You can find forms at [www.stableaccount.com/all-forms](http://www.stableaccount.com/all-forms))
- No

**2 Beneficiary Information**

\_\_\_\_\_  
Name (first and last)

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

How does the Beneficiary identify?     As she     As he     Chooses not to identify

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

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

**Residential Address**

P.O. boxes are **not** accepted for a residential address.

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

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

\_\_\_\_\_  
City

\_\_\_\_\_  
State

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

**3 Entity Authorized Legal Representative Information**

When an Entity ALR is managing the account for a Beneficiary, the Entity ALR must supply supporting legal documentation in addition to this form.

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Name of the Entity that will be serving as the 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's Employer Identification Number

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

**Entity's address**

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

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

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

\_\_\_\_\_  
City

\_\_\_\_\_  
State

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

**4 Agents Acting on Behalf of the Entity ALR**

Please list up to two agents, below, and provide the information requested for each Agent. The Entity-ALR can change the employees assigned as Agents without needing to update the beneficiary's legal documents. The Entity ALR can change Agent(s) by submitting an updated **Entity Authorized Legal Representative Establishment Form** with the new Agent(s) assignment.

**Primary Agent's Information**

The primary agent should be the employee who is going to be responsible for the day-to-day management of STABLE Accounts legally managed by the Entity ALR.

\_\_\_\_\_  
Primary Agent's Name (first and last)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Primary Agent's Date of Birth (mm/dd/yyyy)

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Primary Agent's Social Security Number

**Primary Agent's Residential address**

P.O. boxes are **not** accepted for a residential address.

_____		_____	
Street address 1		Street address 2	
_____		_____	
City	State	ZIP Code	

**Secondary Agent's Information**

The Secondary Agent acts as a backup to the Primary Agent, in the event the Primary Agent is not available to manage the Entity ALR's STABLE Accounts. The Secondary Agent can only contact our Call Center telephonically to make inquiries or transactions over the phone and will need to provide their Social Security Number for the Call Center representative to confirm their identity as the Secondary Agent.

\_\_\_\_\_

Secondary Agent's Name (first and last)

\_\_\_ / \_\_\_ / \_\_\_\_\_

Secondary Agent's Date of Birth (mm/dd/yyyy)

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Secondary Agent's Social Security Number

**Secondary Agent's Residential address**

P.O. boxes are **not** accepted for a residential address.

_____		_____	
Street address 1		Street address 2	
_____		_____	
City	State	ZIP Code	

**5 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)
- 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 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 account's mailing address.

**6** **Diagnosis Information**

This information is needed to confirm the Beneficiary's eligibility for a STABLE Account.

Which option applies to the Beneficiary?  
(Please select one, even if more than one applies.)

I certify under the penalties of perjury that:

- The Beneficiary is entitled during the current year to Social Security Disability (SSDI) benefits based on blindness or disability under title II of the Social Security Act
- The Beneficiary is entitled during the current year to Supplemental Security Income (SSI) benefits based on blindness or disability under title XVI of the Social Security Act
- The Beneficiary
- a. has a medically determinable physical or mental impairment that results in marked and severe functional limitation\* and can be expected to result in death or has lasted or can be expected to last for a continuous period of at least 12 months; OR is blind†

AND

- b. has a signed diagnosis (see our **Physician's Form**) from a licensed physician‡ as to the condition described in (a)

The Entity understands that it is required to retain such signed diagnosis and to provide it to the Plan or the IRS upon request, and agrees to do so.

\* The Entity understands that "marked and severe functional limitation" means a functional limitation that meets, medically equals, or functionally equals the severity of any listing in appendix 1 of subpart P of 20 CFR part 404 (the "Listing"), but without regard to age. The Listing can be found at [www.ssa.gov/OP\\_Home/cfr20/404/404-app-p01.htm](http://www.ssa.gov/OP_Home/cfr20/404/404-app-p01.htm). It further understands that the level of severity is determined by taking into account the effect of the Beneficiary's prescribed treatment.

† The Entity understands that, for purposes of eligibility for a STABLE Account, "blind" means that the Beneficiary has central visual acuity of 20/200 or less in the better eye with the use of a correcting lens. An eye which is accompanied by a limitation in the fields of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees is considered to have a central visual acuity of 20/200 or less.

‡ Must be a doctor of medicine (MD) or a doctor of osteopathy (DO) who is legally authorized to practice medicine or surgery by the state in which s/he performs the diagnosis.

## Diagnosis Code

(Please select one.)

- Code 1: Developmental Disorder  
Autistic Spectrum Disorder, Asperger's Disorder, Developmental Delays and Learning Disabilities
- Code 2: Intellectual Disability  
Mild, moderate, or severe intellectual disability
- Code 3: Psychiatric Disorder  
Schizophrenia, Major depressive disorder, Post-traumatic stress disorder (PTSD), Anorexia nervosa, Attention deficit/Hyperactivity disorder (AD/HD) and Bipolar disorder
- Code 4: Nervous Disorder  
Blindness, Deafness, Cerebral Palsy, Muscular Dystrophy, Spina Bifida, Juvenile-onset Huntington's disease, Multiple sclerosis, Severe sensorineural hearing loss and Congenital cataracts
- Code 5: Congenital Anomalies  
Chromosomal abnormalities: Down Syndrome, Osteogenesis imperfecta, Xeroderma pigmentosum, Spinal muscular atrophy, Fragile X syndrome and Edwards syndrome
- Code 6: Respiratory Disorder  
Cystic Fibrosis
- Code 7: Other  
Anything not listed under codes 1-6 and Tetralogy of Fallot, Hypoplastic left heart syndrome, End-stage liver disease, Juvenile-onset rheumatoid arthritis, Sickle cell disease and Hemophilia

Is this disability permanent\*?  Yes  No

The Entity ALR certifies under the penalties of perjury that:

- The Beneficiary developed the disability or blindness before the age of 26
- The Beneficiary has no other ABLER account
- The Plan will be notified by the Entity ALR of any changes to the permanence\* of the Beneficiary's disability or blindness (including any potential cure for such disability or blindness) promptly upon such an occurrence

\* Permanent/permanence is intended to mean a disability that "can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months" as set forth in Section 529A of the Internal Revenue Code.



**7 Contribution Information**

There's a \$25 minimum contribution to open an account and you must contribute at least \$1 to each portfolio or fund you want to add money to. You can connect a bank account (Step 8) or include a check made out to STABLE Account.

You can select as many portfolios you want to invest your initial and future contributions. You can view your portfolio allocations at any time or change your investment strategy up to twice per calendar year.

Please read the STABLE Account **Plan Disclosure Statement** for important information about the cash and investment options before making a decision.

**Investment options**

Growth Portfolio	\$ ____, _____. ____ Amount
Moderate Growth Portfolio	\$ ____, _____. ____ Amount
Conservative Growth Portfolio	\$ ____, _____. ____ Amount
Income Portfolio	\$ ____, _____. ____ Amount
BankSafe Savings Fund	\$ ____, _____. ____ Amount

\$ \_\_\_\_, \_\_\_\_\_. \_\_\_\_  
Total Contribution Amount

The investment information on this page has been provided by Marquette Associates, the investment advisor for the STABLE Account Plan.

How are you making this contribution?

- Check (Please include a check made out to STABLE Account with a paper clip, do not staple)
- ACH deposit (Please fill out Step 9)

Which type of contribution are you making? (Please select one)

- Standard contribution \$15,000 yearly standard contribution limit.
- ABLE to Work contribution If the Beneficiary is earning wages, they may contribute an amount equal to their gross income, up to \$12,760, in addition to the yearly standard contribution limit.\*

\* Contact the Plan Administrator for current ABLE to Work contribution allowances. If the Beneficiary or their employer is contributing to a defined contribution plan (401K), annuity plan (403(b)), or deferred compensation plan (457(b)) this calendar year, the Beneficiary is not eligible to make ABLE to Work contributions.

**8 Bank Account Information**

If you choose to make regular deposits and withdrawals to this account with an ACH or electronic bank transfer, attach a voided check or copy of your bank statement showing the name, address, last 4 digits of the account number and complete the bank information below. (Please do not staple, use a paper clip for the check).

**Bank Account Type**    Checking    Savings

**Name on bank account**

The first and last name on the bank account needs to be the same as either the Beneficiary or the Entity ALR.

\_\_\_\_\_  
**Bank Name**

\_\_\_\_\_  
**Bank Routing Number**

\_\_\_\_\_  
**Bank Account Number**

**Need help?**  
You can find your bank information on the bottom of one of your checks here:

000000000	000000000000 1000
Routing Number	Account Number

**9 Monthly Contribution Information (if applicable)**

Skip this step if you do not want to schedule a monthly contribution at this time. You can set up monthly contributions, at later point in time, either online or by contacting us by phone.

By setting up a monthly contribution, this will authorize Sundry to initiate recurring ACH debits (direct withdrawals) from the bank account (listed in **Step 8**, above) on the day you indicate of each month for the amount you set. Recurring ACH debits (direct withdrawals) may be cancelled or changed online or by using the **Manage Monthly Contributions Form**; however, Sundry must receive the request at least 3 business days before the desired effective date. Sundry will continue to process transactions scheduled to occur before the end of the 3<sup>rd</sup> business day after you tell us to stop.

**Choose Investment options**

Growth Portfolio \$ \_\_\_\_, \_\_\_\_\_. \_\_\_\_  
Amount

Moderate Growth Portfolio \$ \_\_\_\_, \_\_\_\_\_. \_\_\_\_  
Amount

Conservative Growth Portfolio \$ \_\_\_\_, \_\_\_\_\_. \_\_\_\_  
Amount

Income Portfolio \$ \_\_\_\_, \_\_\_\_\_. \_\_\_\_  
Amount

BankSafe Savings Fund \$ \_\_\_\_, \_\_\_\_\_. \_\_\_\_  
Amount

\$ \_\_\_\_, \_\_\_\_\_. \_\_\_\_  
Total Contribution Amount

\_\_\_ \_\_\_ **Day** (01 – 28)

If a date is not selected, Sundry will automatically schedule ACH transfers to occur on the 1st of every month.

The investment information on this page has been provided by Marquette Associates, the investment advisor for the STABLE Account Plan.

**Which type of contribution are you making?** (Please select one.)

- Standard Contribution  
(note: \$15,000 standard annual contribution limit.)
- ABLE to Work Contribution  
(note: If the Beneficiary is earning wages, they may contribute an amount equal to their gross income, up to an annual maximum of the federal poverty level for a one-person household, over and above the standard annual contribution limit. \*)

\* Contact the Plan Administrator for current ABLE to Work contribution allowances. If the Beneficiary or their employer is contributing to a defined contribution plan (401K), annuity plan (403(b)), or deferred compensation plan (457(b)) this calendar year, the Beneficiary is not eligible to make ABLE to Work contributions.

**10 Signature**

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 Plan 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 the information provided on this **Enrollment Form** is, and all information provided in the future will be, true, complete and correct. As a designated Agent for the Entity ALR, I authorize the Plan to open this Account based upon this information.

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 Plan 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 STABLE Account and that this account is in the best interest of the Beneficiary.
- If it has been indicated that either the initial contribution or monthly contributions are ABL to Work contributions, the Agent on behalf of the Entity ALR certifies that the Beneficiary is earning wages and the amount being contributed is less than or equal to the Beneficiary's gross income this calendar year and is no more than the federal poverty level for a one-person household. In addition, the Agent on behalf of the Entity ALR certifies that when it is making an ABL to Work contribution, the Beneficiary (or the Beneficiary's employer) has not contributed to a defined contribution plan (401K), annuity plan (403(b)), or deferred compensation plan (457(b)) this calendar year.

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

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Date (mm/dd/yyyy)