

Important information about this form:

- An Entity Authorized Legal Representative (“Entity ALR”) can be any entity that has been given the authority to perform financial transactions on behalf of a beneficiary / STABLE Account owner. The entity’s authority can stem from a Power of Attorney executed by the beneficiary, representative payee, or appointment of the entity as Guardian or Conservator for the beneficiary and their property.
- The Controlling Officer of the Entity wishing to act as an ALR must complete and sign this form.
- The Controlling Officer is the employee of the entity that has been formally authorized by the entity to make decisions on behalf of the entity and manage its operation. This is typically the Managing Director/CEO of the entity but may be any individual expressly given such authority by the entity’s board or organizational documents (e.g., Articles of incorporation or other organizational documents).
- The Controlling Officer, on behalf of the entity as the ALR, is required to identify two (2) individuals that the entity wishes to assign as Agents. Agents will have the authority to act on behalf of the entity in managing the beneficiaries’ ABLE accounts. If the Entity has multiple pairs of Agents they will need to complete the paper form process for each unique pair of Agents. The Controlling Officer can also act as an Agent..
- This form can be used for the initial Entity ALR creation and any subsequent change in Controlling Officer or Agent(s).
- The following additional documentation is also required:
 1. One form of acceptable documentation, below, to verify that the entity is in good standing:
 - Nonprofit entities:
 - * U.S. Internal Revenue Code Sec. 501(c)(3) Exempt Organization Affirmation
OR
 - * Determination Letter
OR
 - * A copy of the letter or memorandum from the Internal Revenue Service indicating that the entity is an organization described under IRC Section 501(c)(3).
 - For-profit entities:
 - * Audited financial statements
 2. In order to comply with the US Patriot Act, we will require personal identification documentation (i.e. unexpired, government-issued photo ID) that can be used to verify the following information for each Agent and the Controlling Officer:
 - First and last name
 - Date of birth
 - Primary residential address
 - Social Security Number or Government issued identification number

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
P.O. Box 534425
Pittsburgh, PA 15253- 4425

Overnight Mail:

STABLE Account Plan
Attention: 534425
500 Ross Street, 154-0520
Pittsburgh, PA 15262

Fax:

844-745-9612

Additional documentation requirements (continued)

3. **One form** of acceptable documentation, from the list below, to verify the Controlling Officer’s signing authority for the entity:

- Articles of Incorporation verifying Controlling Officer’s signing authority for the entity, **OR**
- A Board Resolution verifying Controlling Officer’s signing authority for the entity, **OR**
- Organizational Chart signed by a person in a controlling position verifying Controlling Officer’s signing authority for the entity, **OR**
- Company letter verifying Controlling Officer’s signing authority for the entity

1 Entity Authorized Legal Representative Information

Legal Name of Entity ALR

____ - ____ - ____ - ____ - ____ - ____
Entity’s Employer Identification Number

____ - ____ - ____ - ____ - ____ - ____
Entity’s Telephone Number

Entity’s Address

Street address 1

Street address 2

City

State

____ - ____ - ____ - ____ - ____ - ____
Zip code

2 Controlling Officer

For an Entity ALR, the Controlling Officer will be the person designated to make decisions on behalf of the entity and its board of directors and to appoint / replace Agents. Below, please provide the information for the Controlling Officer.

Controlling Officers Information

Please confirm if this is a new assignment or a replacement to an existing assignment, by checking the appropriate designation below:

New

Replacement _____
Prior Controlling Officer's Name (first and last)

Controlling Officer's name (First and last)

___ ___ / ___ ___ / ___ ___ ___ ___
Controlling Officer's date of birth (mm/dd/yyyy)

___ ___ ___ - ___ ___ - ___ ___ ___ ___
Controlling Officer's Social Security Number

Controlling Officers Residential Address
(P.O. boxes are **not** accepted for a residential address)

Street address 1

Street address 2

City

_____-_____
State Zip code

** As previously stated, please be certain to include a copy of a government issued ID.

3 Beneficial Owner

To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

The Entity ALR will need to identify any Beneficial Owners of the entity who own 25% or more of the entity. (This is typically required only if the entity is a privately-held For Profit organization and has owner(s) with a material interest in the entity.) Below, please provide the information for each Beneficial Owner who owns 25% or more of the entity. In addition, the Entity ALR will need to provide a copy of a valid government issued ID for each Beneficial Owner.

In the event an Entity is a beneficial owner of a For Profit ALR the owning Entity will need to disclose its owners down to the individual owner level. This complex ownership structure cannot be accommodated on the Entity Authorized Legal Representative Establishment Form. This will need to be done via a separate letter disclosing the ownership structure.

1st Beneficial Owner Information

Please confirm if this is a new assignment or a replacement to an existing assignment, by checking the appropriate designation below:

 New **Replacement** _____
Prior 1st Beneficial Owner's Name (first and last)_____
1st Beneficial Owner's name (First and last)____ / ____ / ____
1st Beneficial Owner's date of birth (mm/dd/yyyy)____ - ____ - ____
1st Beneficial Owner's Social Security Number**1st Beneficial Owner's Residential Address** (P.O. boxes are **not** accepted for a residential address)_____
Street address 1_____
Street address 2_____
City_____
State_____
Zip code

** As previously stated, please be certain to include a copy of a government issued ID.

2nd Beneficial Owner Information

Please confirm if this is a new assignment or a replacement to an existing assignment, by checking the appropriate designation below:

New

Replacement _____
Prior 2nd Beneficial Owner's Name (first and last)

2nd Beneficial Owner's name (First and last)

___ ___ / ___ ___ / ___ ___ ___ ___
2nd Beneficial Owner's date of birth (mm/dd/yyyy)

___ ___ - ___ ___ - ___ ___ ___ ___
2nd Beneficial Owner's Social Security Number

2nd Beneficial Owner's Residential Address (P.O. boxes are **not** accepted for a residential address)

Street address 1

Street address 2

City

___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___
State Zip code

** As previously stated, please be certain to include a copy of a government issued ID.

3rd Beneficial Owner Information

Please confirm if this is a new assignment or a replacement to an existing assignment, by checking the appropriate designation below:

New

Replacement _____

Prior 3rd Beneficial Owner's Name (first and last)

3rd Beneficial Owner's name (First and last)

___ ___ / ___ ___ / ___ ___ ___ ___
3rd Beneficial Owner's date of birth (mm/dd/yyyy)

___ ___ - ___ ___ - ___ ___ ___ ___
3rd Beneficial Owner's Social Security Number

3rd Beneficial Owner's Residential Address (P.O. boxes are **not** accepted for a residential address)

Street address 1

Street address 2

City

___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___
State **Zip code**

** As previously stated, please be certain to include a copy of a government issued ID.

4th Beneficial Owner Information

Please confirm if this is a new assignment or a replacement to an existing assignment, by checking the appropriate designation below:

New

Replacement _____
Prior 4th Beneficial Owner's Name (first and last)

4th Beneficial Owner's name (First and last)

___ ___ / ___ ___ / ___ ___ ___ ___
4th Beneficial Owner's date of birth (mm/dd/yyyy)

___ ___ ___ - ___ ___ - ___ ___ ___ ___
4th Beneficial Owner's Social Security Number

4th Beneficial Owner's Residential Address (P.O. boxes are **not** accepted for a residential address)

Street address 1

Street address 2

City

___ ___ ___ ___ ___ ___ ___ ___
State Zip code

** As previously stated, please be certain to include a copy of a government issued ID.

4 Agents Acting on Behalf of the Entity ALR

Please list up to two Agents below and provide the information requested for each Agent. In addition, the Entity ALR will need to provide a copy of a valid government-issued ID for each Agent, as documentary evidence, to confirm the identification of individuals listed. 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 STABLE 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.

Please confirm if this is a new assignment or a replacement to an existing Primary Agent assignment, by checking the appropriate designation below:

 New **Replacement** _____
Prior Primary Agent's Name (first and last)_____
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**

** As previously stated, please be certain to include a copy of a government issued ID.

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 ABLE 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.

Please confirm if this is a new assignment or a replacement to an existing Secondary Agent assignment, by checking the appropriate designation below:

- New**
- Replacement** _____
Prior Secondary Agent's Name (first and last)

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

** As previously stated, please be certain to include a copy of a government issued ID.

5 Verification of Identities

The following documents are required to establish the identity of the Entity ALR and any of its Agents, Controlling Officers, and Beneficial Owners (if applicable).

Entities	Documentary Evidence
Non-profit Entities	U.S. Internal Revenue Code Sec. 501(c)(3) Exempt Organization Affirmation or Determination Letter or Letter/memorandum from the Internal Revenue Service indicating that the Entity is an organization described under IRC Section 501(c)(3).
For-profit Entities	Audited financial statements
All Entities*	Certified Articles of Incorporation or a government-issued business license

Individuals (i.e. Agents, Controlling Officers, Beneficial Owners)	Documentary Evidence
All individuals	An unexpired, government-issued photo ID with the individual's name, date of birth, residential address, and a government issued identification number.

Additional acceptable forms of identification for businesses/entities:

- Articles of Incorporation
- General or Limited Partnership Agreement
- Articles of Organization or Association
- Trust Instrument
- Letters of Trusteeship or Executorship
- U.S. Internal Revenue Code Sec. 501(c)(3) letter (for nonprofit organizations)
- A government-issued business license
- Audited financial statements
- Published annual report
- 10-K or other information contained on the U.S. Securities and Exchange Commission Website (<http://www.sec.gov>), the websites of various self-regulatory organizations (i.e., FINRA), or from other governmental sources.

To help the government fight the funding of terrorism and money laundering, federal law requires Vestwell, the Program Manager, to obtain certain personal information about Agents and ALRs including, but not limited to: legal name, address, age, date of formation, Social Security Number, Employer Identification Number, and other information that will allow Vestwell to verify the identity of individuals with access to the ABLE account. If Vestwell is unable to verify the identity of the Entity ALR or the Primary Agent, we may have to close this account or take other steps deemed necessary.

6 Reporting

Account-level reports (Transaction notices, Quarterly Statements and Tax Forms) will be delivered to the email address provided at registration. In addition, the Program Manager will provide monthly reports to the Primary Agent for the STABLE Accounts they administer and to the Entity for all STABLE Accounts for which the Entity acts as ALR. If the Entity has only one Unique Pair of Agents, the report will be the same but the report can have multiple delivery emails. These reports will be sent via a secure email system. The recipient will need to register on the system when they receive a notice the first report is available. After registering, the secure emails will be delivered on a monthly basis.

Primary Agent Level Report **New** **Replacement** _____
Prior Primary Agent's Name (first and last)_____
Primary Agent's name (First and last)**Entity Level Report** **New** **Replacement** _____
Prior Entity's Name (first and last)_____
Entity's name (First and last)

7 Signature

By signing below, the Controlling Officer on behalf of the Entity ALR understands and agrees that this document governs the Entity's authority to identify and assign Agents to act on the Entity's behalf.

The Entity ALR will retain a copy of the **Plan Disclosure Booklet** for their records. The Entity ALR understands that the STABLE Account Savings Plan may, from time to time, amend the **Plan Disclosure Booklet** 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 Establishment Form is, and all information provided in the future will be, true, complete and correct. As the designated Controlling Officer for the Entity ALR, I authorize the Plan to establish and keep on file the Entity ALR's Agent assignments based upon this information. Further, I agree to notify Vestwell of any change in such information

**Signature of the Controlling Officer signing on behalf of
the Entity acting as an Authorized Legal Representative**

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