



Name Change Request Form

Submit Completed Forms Along With Applicable Supporting Documentation To:

ABLEnow Customer Service
 P.O. Box 2765
 Fargo, ND 58108-2765
 Fax: (855) 620-0827
 Phone: 1-844-NOW-ABLE (1-844-669-2253)
 Hours: Monday-Friday, 8:30 a.m. – 5 p.m. ET

Use this form to change the name on your ABLEnow account. Please attach proper documentation of the name change including a marriage license/certificate, court documentation, passport, driver's license, or new signed social security card.

Instructions

Please complete all sections below.

1. Current Information: If you opened the ABLEnow Account in your name as the Designated Beneficiary or are the Authorized Representative (Parent, Legal Guardian or Power of Attorney), please fill in your information below.

*Required Fields

<input type="text"/>		<input type="text"/>			
*Name (First, MI, Last)		*Account Number			
<input type="text"/>	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
*Birth Date (MM/DD/YYYY)	*Social Security Number			*Day Telephone	
<input type="text"/>			<input type="text"/>		
*Permanent Address			Email Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*City	*State	*Zip Code			

2. New Information: If the ABLEnow Account is in your name as the Designated Beneficiary or you are the Authorized Representative (Parent, Legal Guardian or Power of Attorney), please fill in the information below.

*Required Fields

<input type="text"/>		
*Name (First, MI, Last)		
<input type="text"/>		
*Permanent Address (if different than above)		
<input type="text"/>	<input type="text"/>	<input type="text"/>
*City	*State	*Zip Code

3. Debit Card Reorder Request

Your existing debit card will be deactivated and you will not be able to use it while we process your new card request.



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4. ABLEnow Designated Beneficiary/Authorized Representative (Parent, Legal Guardian or Power of Attorney) Authorization

By signing below, you agree to be bound by the terms and conditions of the ABLEnow Program Description and Custodial Account Agreement and the ABLEnow Debit Card Agreement, and by such signature, you hereby respectively acknowledge your understanding and agreement with such terms and conditions. You acknowledge that the changes specified on this form shall become effective upon the receipt and processing of this form by ABLEnow. All information provided by me is true and correct and may be relied upon by the Virginia College Savings Plan and any of its subcontractors including the Account Custodian.

*Designated Beneficiary/Authorized Representative
(Parent, Legal Guardian or Power of Attorney)

*Date