



Name Change Request Form

To change the name on your ABLEnow account please complete and return this form. 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.

Step 1: Current Information: If you opened the ABLEnow Account in your name as the Designated Beneficiary or are the Authorized Representative (Parent of Minor, 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"/> - <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"/>
*City	*State	*Zip Code	

Step 2: New Information: If the ABLEnow Account is in your name as the Designated Beneficiary or you are the Authorized Representative (Parent of Minor, 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"/>	<input type="text"/>
*City	*State	*Zip Code

Step 3: Debit Card Reorder Request Your existing debit card will be deactivated while we process your new card request.

Step 4: ABLEnow Designated Beneficiary/Authorized Representative (Parent of Minor, 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 as soon as administratively feasible upon the receipt and acceptance of this form by ABLEnow.

<input type="text"/>	<input type="text"/>
*Designated Beneficiary/Authorized Representative (Parent of Minor, Legal Guardian or Power of Attorney)	Date

Return the completed form and supporting documentation to:

ABLEnow Customer Service
P.O. Box 2765
 Fargo, ND 58108-2765.

You may also fax (855) 620-0827.

Please call ABLEnow Customer Service at 1-844-NOW-ABLE (or 844-669-2253) with questions (Monday-Friday, 8 a.m. – 5 p.m. ET).