

Eligibility Recertification—ABLE Account

Use this form to update your disability status from ineligible to eligible, temporary to permanent, or to recertify your status, for your ABLE account. Type on screen or print out and fill in using CAPITAL letters and black ink. If you need more room for information or signatures, make a copy of the relevant page.

Helpful to Know

- ABLE Plan Account Eligibility Criteria:
 - You are entitled to benefits because of blindness or a disability under Title II or Title XVI of the Social Security Act, and the disability was present before age 26.
 - You certify that your disability can be medically confirmed, or that you have a condition on the Social Security list of Compassionate Allowances Conditions that was present before age 26. Unless you have a condition from this list, you must have a written diagnosis by a licensed physician that you must retain. You may be required to submit a copy of the physician diagnosis or any other supporting documentation requested by the Trust, Program Manager, or Internal Revenue Service (IRS).
- Unless you have been certified to have a permanent disability, federal law requires that you certify your disability status for the ABLE Plan account each year.
- You may only own one ABLE Plan Account at any given time, regardless of residency.
- If there is a Person with Signature Authority (PSA) established on this account, the PSA **must** sign this form. Otherwise, the Designated Beneficiary/Eligible Individual must sign in Section 3.

1. Account Information

Fidelity ABLE Account Number	Person with Signature Authority (PSA) Name <i>If applicable</i>
<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>
Designated Beneficiary/Eligible Individual Name	Social Security or Taxpayer ID Number
<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>

2. Designated Beneficiary/Eligible Individual's Disability Information

ABLE Eligibility

- Check only one.
- ☐ Eligible for Supplemental Security Income (SSI) based on disability or blindness that began before age 26.
- ☐ Entitled to disability insurance benefits (DIB), childhood disability benefits (CDB), or disabled widow's or widower's benefits (DWB) based on disability or blindness that began before age 26.
- ☐ Diagnosed by a physician as having a qualifying disability that began before age 26.

Primary Disability Type *All disabilities qualify.*

- Check only one.
- ☐ Developmental Disorders *Developmental delay, Autism spectrum, and Asperger's disorder, or learning disabilities.*
- ☐ Intellectual Disability *Mild, moderate, or severe intellectual disabilities.*
- ☐ Psychiatric Disorders *Schizophrenia, anorexia nervosa, or bipolar, major depressive, post-traumatic stress, or attention-deficit/hyperactivity disorder.*
- ☐ Nervous Disorders *Blindness, deafness, congenital cataracts, severe hearing loss, cerebral palsy, muscular dystrophy, spina bifida, juvenile-onset Huntington's disease, or multiple sclerosis.*
- ☐ Congenital Anomalies *Chromosomal abnormalities, which include Down, Edwards, and Fragile X syndromes, Osteogenesis Imperfecta, Xeroderma Pigmentosum, or spinal muscular dystrophy.*
- ☐ Respiratory Disorders *Respiratory disorders including cystic fibrosis.*
- ☐ Other *Tetralogy of Fallot, hypoplastic left heart syndrome, juvenile-onset rheumatoid arthritis, hemophilia, and end-stage liver or sickle-cell diseases, or another disability not already listed.*

Disability Status *Unless your disability is certified as permanent, federal law requires you to certify your disability status each year.*

- Check only one.
- ☐ Permanent
- ☐ Temporary

Form continues on next page. ►►

3. Signature and Date

Person with Signature Authority (PSA) must sign and date. If there is not a PSA, the Designated Beneficiary/Eligible Individual must sign.

By signing below, you:

- Acknowledge that, per federal law, a PSA may neither have, nor acquire, any beneficial interest in an ABLE Plan account and must administer the account for the benefit of the Designated Beneficiary/Eligible Individual.
- Certify that all information you provided is correct to the best of your knowledge.
- Indemnify the Plan and Fidelity, its agents, successors, affiliates, and employees from any liability in the event you fail to meet the IRS requirements.
- Acknowledge that you read, understand, and agree to comply with the terms and conditions set forth in the ABLE Disclosure Document, Participation Agreement, and Customer Agreement.

PRINT DESIGNATED BENEFICIARY/PERSON WITH SIGNATURE AUTHORITY (PSA) NAME	
DESIGNATED BENEFICIARY/PSA SIGNATURE	DATE MM/DD/YYYY
SIGN X	X

Did you sign the form?

Send the ENTIRE form and any attachments to Fidelity Investments.

Questions? Go to Fidelity.com/ABLE or call 844-458-2253.

Regular mail

Fidelity Investments
PO Box 770001
Cincinnati, OH 45277-0002

Overnight mail

Fidelity Investments
100 Crosby Parkway KC1K
Covington, KY 41015

On this form, "Fidelity" means Fidelity Brokerage Services LLC and its affiliates. Brokerage services are provided by Fidelity Brokerage Services LLC, Member NYSE, SIPC. 786956.2.0 (07/20)