

New Account Application

Please complete all sections of this form to open a new Guam ABLÉ Savings Program account.
An eligible person can only have one ABLÉ account open at any time.

1 Beneficiary Information

The beneficiary is the person whose qualified disability expenses can be paid from this account.

BENEFICIARY Mr. Mrs. Ms. Transferring from another ABLÉ account? Yes No

Beneficiary's Full Name _____
First Name MI Last Name

Date of Birth _____ Soc. Sec. # - -
mm / dd / yyyy

Citizenship* U.S. Resident Alien

* Non-resident aliens are not eligible to participate in the program.

Mailing Address _____

Contact Numbers _____

Email Address _____

2 Account Owner's Information

The account owner is the person who opens the account.

Account Owner's Full Name _____
First Name MI Last Name

Date of Birth _____ SSN or TIN - -
mm / dd / yyyy

Account owner's relationship to Beneficiary self parent legal guardian other _____

Mailing Address _____

Contact Numbers _____

Email Address _____

3 Eligibility Information

The information is needed to confirm the beneficiary's eligibility for the ABLÉ program.

Does the beneficiary have a qualifying disability (physical, mental, developmental, or other condition) that occurred before age 26?

YES (Please continue with the application.)

NO (The beneficiary may not be eligible. Contact ASC for more information.)

4 Investment Selection

For more information about selecting a portfolio, review the ASC Profile Service packet.

Your initial and future contribution(s) will be invested in the portfolio based on your following selection. Individual mutual funds are not available in this program and selection is limited to the listed profile options.

OPTION A: Risk-Based Allocations
Allocate 100% of contributions to the Profile indicated (Select one): Conservative Balanced Aggressive

OPTION B: Stable Fund
Allocate 100% of contributions to the Stable Fund.

OPTION C: Money Market Fund
Allocate 100% of contributions to the Money Market Fund.

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CHECK ONE: New Account Change Request

Account Owner's Name _____ SSN or TIN --

Beneficiary Name _____ Date of Birth _____
mm / dd / yyyy

5 Contribution Information

CHECK. Make check or money order payable to "ASC Trust FBO: Guam ABLE Savings Program". Additional contributions can be made at any time (Subject to the account limits). , •

TRANSFER from another ABLE account. Complete the Savings Transfer Form and return with this enrollment form.

AUTOMATIC DEDUCTION from your bank account. Complete the information below. To make an automatic deduction, fill out the following information and attach a voided check.

Checking Account Monthly: 5th _____ or 20th _____
 Savings Account \$ _____ Amount to be transferred* Semimonthly: 5th & 20th of each month
 Other: _____

Start Date of deductions _____
mm / dd / yyyy

TAPE VOIDED CHECK HERE FOR AUTOMATIC DEDUCTION

I hereby authorize the Program Manager to initiate debit entries to the bank account indicated above, and the bank indicated above to debit the same amount. This authority is to remain in full force and effect until the Program Manager has received written notification from me of its termination in such time as to afford the Program Manager 10 business days to act on it. In the case of unsuccessful debits, I understand that the Program Manager reserves the right to cancel this authorization and that the Program Manager will notify me in writing of such action. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of applicable law. I further agree, if my draft is dishonored for any reason, with or without cause, the Program Manager will not bear any liability.

X _____ **X** _____
Signature of Bank Account Owner Signature of Joint Bank Account Owner

Authorization must be received approximately 10 business days prior to the first transfer date. The Program Manager, on behalf of the Guam ABLE Savings Program, will provide you a copy of this authorization and information on the date of the first transfer.

6 Authorization

By signing below, I certify that I have received and agree to all the terms and conditions set forth in the Plan Description Disclosure Statement and Account Agreement, which is incorporated by reference herein. I acknowledge that ASC Trust is required by law to obtain certain personal information about me, which will be used to verify my identity. My Account may not be opened if I do not provide this information. I further acknowledge that ASC Trust reserves the right to close my Account, or take reasonable steps, if it is unable to verify my identity. I certify that the information I have provided on this application – and all future information I will provide with respect to my Guam ABLE Savings Program Account – is true, complete, and correct. I authorize ASC Trust to open and maintain an account(s) based on this information. I represent that I am of legal age and have legal capacity to make this purchase.

X _____
Signature of Account Owner/Custodian Print Name Date