

Louisiana's 529A ABLÉ Program
Recertification Form for ABLÉ Account Administrators
If you need assistance completing this form, call 1-800-259-5626

Louisiana's ABLÉ Program
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INSTRUCTIONS: Account Administrators may use this form to complete the recertification process for an LA ABLÉ Account. **Please type or print in ink.**

SECTION A - ACCOUNT INFORMATION

ABLE Account Number: _____

Account Owner: _____

Account Administrator: _____

Account Administrator Daytime Phone Number: _____

Account Administrator E-mail Address: _____

SECTION B - RECERTIFICATION

As an ABLÉ Account Administrator, you are required to annually recertify, under penalty of perjury, that the person for whose benefit the account was opened remains an eligible individual. You are also required to annually recertify that you remain the highest ranked individual eligible to administer an ABLÉ account.

Please check one of the boxes below to indicate where the Account Administrator ranks in the hierarchy of individuals authorized to establish an account on behalf of an eligible individual:

- Self (Account Owner must be at least 18 yrs of age);
- A person selected by the eligible individual or by an agent appointed by the eligible individual;
- A custodian appointed by a court of law or a legal guardian;
- The spouse of the eligible individual;
- A parent of the eligible individual;
- A sibling of the eligible individual;
- A grandparent of the eligible individual;
- A representative payee appointed by the Social Security Administration.

By signing below, you are certifying that you are the highest ranked individual as checked in the above hierarchy authorized to establish an account on behalf of an eligible individual and there is no other person with a higher priority who is willing to do so. As the Account Administrator, you understand that failure to complete the recertification will render the individual for whose benefit the account was created ineligible. No deposits will be accepted for an individual. An ineligible individual has five years to become eligible again, before the account is closed.

Account Administrator (Printed Name): _____

Account Administrator (Signature): _____

Date: _____