

## Louisiana's 529A ABLÉ Program

### ABLE ACCOUNT RECORDS UPDATE FORM

Louisiana's ABLÉ Program  
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Telephone: 1-800-259-5626  
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**INSTRUCTIONS:** Account Administrators may use this form to correct or update the contact information currently on file for them and/or the Account Owner. **Please type or print in ink.**

#### SECTION A – UPDATE OF ACCOUNT OWNER RECORD

Account Owner's Name: \_\_\_\_\_  
Last First Middle Initial Suffix (Jr./Sr.)

Account Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parish: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Temporary Mailing Address, if applicable, effective: \_\_\_\_\_ until \_\_\_\_\_  
Date Date

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

#### SECTION B – ACCOUNT ADMINISTRATOR INFORMATION

Account Administrator's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Account Administrator's E-mail Address: \_\_\_\_\_

**SECTION C: ACCOUNT ADMINSTRATOR AUTHORIZATION**

I hereby authorize you to make the changes to the above account record as specified in Sections A and B above.

Account Administrator's Signature: \_\_\_\_\_

Date: \_\_\_\_\_