

Important information about this form:

- Fill out this form to contribute money to an ABLE United account with a check.
- You may only contribute to an existing account. Use an **Enrollment Form** (or sign up online at www.ABLEUnited.com) if you don't have an account.
- Include a check with the amount you'd like to add, and make it payable to ABLE United.
- There's a minimum contribution of at least \$5 per portfolio/fund and a yearly contribution limit of \$15,000.
- If you're making an ABLE to Work contribution, you may contribute an amount equal to the Beneficiary's gross income, up to \$12,490, in addition to the yearly standard contribution limit.
- Type or print clearly in black ink, and do not staple the check.
- Future contributions and withdrawals will be allocated to help bring your account to your target allocation of cash and investment balances.
- Please note, once your funds have been allocated there is a 5-day hold period where you will not be able to withdraw these funds.

Need help?

Give us a call Monday – Friday
from 9am – 6pm ET at
1-888-524-2253 or
from 9am – 8pm ET at
1-844-888-2253 (TTY)

Mail the form to:

ABLE United
P.O. Box 9696
Providence, RI 02940-9696

Overnight Mail:

ABLE United
4400 Computer Drive
Westborough, MA 01581

1 ABLE account information

Name of the Beneficiary on the ABLE account (First and last)

____ _ - ____ _ - ____ _

Beneficiary's Social Security or Taxpayer Identification Number

AU ____ _

ABLE United account number

2 Contribution type

Which type of contribution are you making (Please select one)

Standard contribution
\$15,000 yearly standard contribution limit.

ABLE to Work contribution
If the Beneficiary is earning wages, they may contribute an amount equal to their gross income, up to \$12,490, in addition to the yearly standard contribution limit.

3 Allocate your contribution

Choose the portfolio(s) or fund(s) you want to contribute to. There's a \$5 minimum contribution to each portfolio or fund.

Please read the **ABLE United Program Description & Participation Agreement** for important information about the cash and investment options before making a decision.

Investment options

Conservative Portfolio \$ ____ , ____ . ____
Amount

Moderate Portfolio \$ ____ , ____ . ____
Amount

Growth Portfolio \$ ____ , ____ . ____
Amount

U.S. Stock Fund \$ ____ , ____ . ____
Amount

International Stock Fund \$ ____ , ____ . ____
Amount

U.S. Bond Fund \$ ____ , ____ . ____
Amount

Money Market Fund \$ ____ , ____ . ____
Amount

FDIC Savings Fund \$ ____ , ____ . ____
Amount

\$ ____ , ____ . ____
Total contribution amount

4 Sign the form – If applicable

Only sign if you're making an ABLE to Work contribution.

By signing below, if I'm making an ABLE to Work contribution, I certify that:

- The Beneficiary is earning wages.
- The amount being contributed is less than or equal to the Beneficiary's gross income this calendar year and is no more than \$12,490.
- The Beneficiary (or the Beneficiary's employer) has not contributed to a defined contribution plan (401K), annuity plan (403(b)), or deferred compensation plan (457(b)) this calendar year.

Signature of Beneficiary or Authorized Legal Representative

Date (mm/dd/yyyy)