Investment Option or Allocation Change Form

Important information about this form:

- Fill out this form to change the allocation and/or the investment option on your ABLE United account.
- You can only make two investment changes per calendar year.
- All investment strategy changes submitted at the same time would be counted as one strategy change.
- When you transfer money FROM an investment option, there's a $5 withdrawal minimum. Unless you decide to withdraw all the funds from a portfolio, you can withdraw up to 95% of the portfolio's balance or leave a balance of at least $5.
- When you transfer money TO an investment option, there's a $5 contribution minimum to each portfolio or fund you wish to add money to.
- It can take up to 10 business days for the investment change to process.
- Make sure you use black ink to type or print clearly in capital letters.

Need help?
Give us a call Monday – Friday from 9am – 6pm ET at
1-888-524-2253

Individuals with speech or hearing disabilities may dial 711 to access Telecommunications Relay Service (TRS) from a telephone or TTY.

Mail the form to:
ABLE United
PO Box 534422
Pittsburgh, PA 15253- 4422

Overnight Mail:
ABLE United
Attention: 534422
500 Ross Street, 154-0520
Pittsburgh, PA 15262

Fax:
833-337-7250

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 Investment change instructions

These changes apply to the assets currently in your account; it will not change your allocation instructions for future contributions. In the "Reallocate funds FROM" section, please indicate the investment option with the corresponding dollar amount from which you are reallocating assets. In the "Reallocate funds TO" section, please indicate the investment option with the corresponding amount to which you are reallocating assets. If you'd like to complete reallocations from more than 3 portfolios, please submit multiple copies of this page of this form. All reallocations will be processed together and will only count as one investment change.

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

Please clearly print the portfolio name, code and amount you'd like to contribute below. Reference the **Investment Options Appendix** at the end of this form for a list of all portfolio names.

Reallocation #1

A Move funds FROM the following option:

____
Portfolio name

Select one:

○ Partial amount

$ __ __ __ , __ __ __ . __ __

○ Liquidate this portfolio in full

B Move funds TO the following option:

Portfolio name	Percent
____________________	__ __ __ %
____________________	__ __ __ %
____________________	__ __ __ %

Total = 100%

Reallocation #2

A Move funds FROM the following option:

____
Portfolio name

Select one:

◯ Partial amount

$ ___ ___ ___ , ___ ___ ___ . ___ ___

◯ Liquidate this portfolio in full

B Move funds TO the following option:

______________________________ Portfolio name	___ ___ ___ % Percent
______________________________ Portfolio name	___ ___ ___ % Percent
______________________________ Portfolio name	___ ___ ___ % Percent

Total = 100%

Reallocation #3

A Move funds FROM the following option:

____
Portfolio name

Select one:

○ Partial amount

$ ___ ___ ___ , ___ ___ ___ . ___ ___

○ Liquidate this portfolio in full

B Move funds TO the following option:

Portfolio name	Percent
______________________________	___ ___ ___ %
______________________________	___ ___ ___ %
______________________________	___ ___ ___ %

Total = 100%

3 Sign the form

By signing below, I am agreeing to the terms and conditions set forth below and in the **Program Description & Participation Agreement**. I understand and agree that those documents govern all aspects of this Account and are incorporated herein by reference.

I certify that all of the information provided by me on this form is, and all information provided by me in the future will be, true, complete and correct and I authorize the Program to open this Account based upon this information.

I certify and understand the following:

- An investment change of funds among investment portfolios for my account can only be requested twice per calendar year.
- I authorize the investment change of assets in my account per my instructions in **Step 2**.
- If I am making contributions by payroll deduction or monthly transfer, I understand that those recurring contributions will continue into my previously designated investment portfolio(s) unless updated by me.
- I understand that if I set up an online gifting page, gift contributions made to this account will continue being made to the investment portfolio I designated when setting up the page, unless updated by me.
- I understand that this investment change of funds will become effective upon the Programs's receipt of this form in good order.

______________________________________ ______________________

Signature of Beneficiary or Authorized Legal Representative **Date** (mm/dd/yyyy)

Appendix – ABLE United Investment Options

For descriptions and details about all of these portfolio options, please go online to www.ABLEUnited.com/save/investment-options/ or see the **Program Description** for important information including descriptions, details, and risks about the investment options before making a decision.

Portfolio name

Conservative Portfolio

Moderate Portfolio

Growth Portfolio

U.S. Stock Fund

International Stock Fund

U.S. Bond Fund

Money Market Fund

FDIC Savings Fund