

## Important information about this form:

- Fill out this form to set up payroll direct deposit contributions to your ABLE United account, or to change existing payroll direct deposit contributions. To stop payroll direct deposit contributions, please contact your employer.
- Review the **Employee Checklist** (included with this form), and **Program Description & Participation Agreement**.
- If you are an Authorized Legal Representative and wish to set up payroll direct deposits to multiple ABLE accounts, please submit a different form for each ABLE United account you want to make payroll direct deposit contributions to.
- Your ABLE United account must be open before you submit this form to your Employer and the Plan to start payroll direct deposits.
- Once completed you'll need to give a copy of this form to your Employer and mail the original to the Plan at the address indicated. It may take up to 10 business days from the receipt of this form before a payroll direct deposit can be accepted. Please keep an additional copy of this form for your records.
- 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 Beneficiary on the ABLE Account (First and last)

\_\_\_\_ \_  
Beneficiary's Social Security or Taxpayer Identification Number

AU \_\_\_\_ \_  
ABLE United account number

**2 Payroll direct deposit instructions**

(Select one)

- ☐ Set up payroll direct deposit
- ☐ Changing existing payroll direct deposit instructions  
(This will replace any previous payroll direct deposit instructions for this account)

**3 Employee information**

The employee must be the ABLE United Beneficiary or Authorized Legal Representative listed on the account.

\_\_\_\_\_  
**Employee ID Number** (For Employer use only)

\_\_\_\_\_  
**Name of Employee** (First and last)

\_\_\_\_\_  
**Name of Employer**

**Employer address**

\_\_\_\_\_  
**Street address 1**

\_\_\_\_\_  
**Street address 2**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**ZIP Code**

\_\_\_\_\_  
**Employer contact name**

\_\_\_\_\_  
**Employer telephone number**

\_\_\_\_\_  
**Ext.**

**4 Contribution information**

Your employer will direct deposit the amount indicated below and send to the Plan on your behalf. The contribution instructions you provide in this section apply to your payroll direct deposit contributions only – not to future contributions you may make to this account by check, automatic contribution plan or any method except payroll direct deposit.

There is a \$5 minimum contribution per portfolio/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 (per pay period)

Moderate Portfolio \$ \_\_\_\_ , \_\_\_\_ . \_\_\_\_  
Amount (per pay period)

Growth Portfolio \$ \_\_\_\_ , \_\_\_\_ . \_\_\_\_  
Amount (per pay period)

U.S. Stock Fund \$ \_\_\_\_ , \_\_\_\_ . \_\_\_\_  
Amount (per pay period)

International Stock Fund \$ \_\_\_\_ , \_\_\_\_ . \_\_\_\_  
Amount (per pay period)

U.S. Bond Fund \$ \_\_\_\_ , \_\_\_\_ . \_\_\_\_  
Amount (per pay period)

Money Market Fund \$ \_\_\_\_ , \_\_\_\_ . \_\_\_\_  
Amount (per pay period)

FDIC Savings Fund \$ \_\_\_\_ , \_\_\_\_ . \_\_\_\_  
Amount (per pay period)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
**Effective date** (This is the date the employee wants  
the employer to begin his/her payroll direct deposits)

\$ \_\_\_\_ , \_\_\_\_ . \_\_\_\_  
**Total contribution amount**  
(per pay period)

**5 Contribution type**

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

☐

Standard contribution

ABLE accounts are subject to a Maximum Annual Contribution Limit. See the Program Description & Participation Agreement ([www.ableunited.com/pdpa](http://www.ableunited.com/pdpa)) for the current limit.

☐

ABLE to Work contribution

If a Beneficiary is working and his/her employer does not contribute to the Beneficiary's defined contribution plan, 403(b), or 457(b) plan within the taxable year, the Beneficiary may contribute an additional amount up to the lesser of: (i) the Beneficiary's compensation for the taxable year; or (ii) an amount equal to the Federal Poverty Level for a one person household as determined for the preceding calendar year of the tax year in which contributions are made.

**6 Sign the form**

By signing below, I authorize my employer to process periodic direct deposits from my paycheck for contribution into this ABLE United Account(s).

- I acknowledge and agree that my remedy for any errors made in connection with these transactions is limited to simple reimbursement of the amount of the error.
- I authorize the Plan and its agents to make adjustments to my account to correct such error.
- I understand that this ABLE United account may not be credited with my payroll direct deposit until the funds are received from my employer and that the date on my payroll stub may not be the same date the deposit is credited to this account.
- This authorization will remain in effect until cancelled by me or by the Plan, or upon termination of my employment with my employer.

**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.
- This recurring payroll direct deposit is being initiated with the understanding that the total ABLE to Work contributions for this year are anticipated to be no more than the amount the beneficiary has earned in gross income for the current year or the current limits (see the Program Disclosure Booklet for current limits), whichever is less.
- The Beneficiary (or the Beneficiary's employer) has not contributed to a retirement plan, including defined contribution plan, annuity plan (403(b)), or deferred compensation plan (457(b)) this calendar year.

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Signature of Beneficiary or Authorized Legal Representative

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Date (mm/dd/yyyy)

**Employee Checklist**

Please read this checklist carefully before completing this form.

- ✓ Be sure to include your employee ID number on this form to help your employer identify your payroll record.
- ✓ Your payroll direct deposit form will be rejected in its entirety if:
  1. you do not provide an account number,
  2. your contribution total is not added correctly, or
  3. the contribution amount for any portfolio/fund is less than \$5.
- ✓ Give a copy of this form to your Employer.
- ✓ **Mail this original form to the Plan at the address indicated.** It may take up to 10 days from the receipt of this form before a payroll direct deposit contribution can be accepted.
- ✓ You must contact your employer to stop payroll direct deposits.
- ✓ If you have questions, please contact ABLE United customer service at 1-888-524-2253 M-F 9am-6pm ET.

**Employer Checklist**

The following information has been developed to help you establish automatic payroll deduction for any employee. Please read it carefully before sending funds to the Plan on behalf of any employee via ACH (Automated Clearing House) funds.

- ✓ The employee must provide his/her ABLE account number on this form in order to set up payroll deduction.
- ✓ Code the account type (i.e., deposit) as “Checking” and transmit the funds to Bank of New York Mellon (ABA Number 011001234).
- ✓ Enter the account number as 740705.
- ✓ If your Payroll System allows, please enter the Individual Name Field with the employee’s ABLE account number + Last Name.
  - Example: Employee ABLE account number 1234567890, Last name Jones = 1234567890 Jones.
  - *If your payroll system generates the Account Name field automatically and does not allow for manual update then we will accept the system generated full name.*
- ✓ It may take up to 10 days from the receipt of this form by the Plan before a payroll deduction can be accepted.
- ✓ If you have questions, please contact ABLE United customer service at 1-888-524-2253 M-F 9am-6pm ET.