

Important information about this form:

- Fill out this form to setup, remove, or replace recurring monthly contributions to your ABLE United account.
- You must have an open account to use this form. If you need to sign up, go online to www.ABLEUnited.com or use an **Enrollment Form** before completing this form.
- Make sure you use black ink. 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
P.O. Box 9696
Providence, RI 02940-9696

Overnight Mail:

ABLE United
4400 Computer Drive
Westborough, MA 01581

1 ABLE United 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 Instructions

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

- Stop all monthly contributions to this account (skip to **Step 5**)
- Replace all monthly contributions to this account (complete **Steps 3, 4, and 5**)
- Create a new monthly contribution to this account (complete **Steps 3, 4, and 5**)

You can create, stop or replace individual monthly contributions from your online account.

3 Monthly Contribution Setup

Tell us how much you want to contribute to your account each month. There is a \$5 minimum contribution to each portfolio you select.

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

Contribution Day (1 – 28)*

If you don't pick a date, we'll automatically deduct your contribution on the 1st of every month.

* A note on when contributions will be deducted from your bank account: If the Contribution Day you've selected falls on a regular business day, your contribution will be deducted from your bank account two business days prior to the Contribution Day. If the Contribution Day you've selected falls on a weekend or a holiday, the contribution will be deducted from your bank account on the next Business Day.

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) 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.

4 Bank account information

Attach a voided check or copy of your bank statement showing the name, address, last 4 digits of the account number and complete the bank information below. Please use a paper clip for the check (do not staple).

What type of documentation are you including to verify this bank account?

- Voided check
- Bank statement

Bank account type Checking Savings

Name on bank account

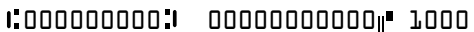
The first and last name on the bank account needs to be the same as either the Beneficiary or the Authorized Legal Representative.

Bank name

Bank routing number

Bank account number

Need help?
You can find your bank information on the bottom of one of your checks here:


Routing Number Account Number

5 Sign the form

By signing this form, you're confirming that the information provided is accurate, and true and that you agree and certify that:

- If I selected Stop all monthly contributions to this account, or Replace all monthly contributions to this account:
 - I understand that all currently active monthly contributions to this account will be cancelled.
 - I understand that my request will become effective once processed by the Plan and that the Plan must receive my request at least 3 business days before I want it to become effective.
- If I selected Create a new monthly contribution to this account, or Replace all monthly contributions to this account:
 - I understand this authorizes the Plan to initiate recurring ACH debits (direct withdrawals) from my bank account up to two business days prior to the Contribution Day each month for the total contribution amount.*
 - If I've indicated that these monthly contributions are ABLE to Work contributions, I certify that the Beneficiary is earning wages and the total ABLE to Work contributions for this year are less than or equal to the Beneficiary's gross income this calendar year, and is no more than current limits (see Program Disclosure Booklet for current limits). I also certify that the Beneficiary (or the Beneficiary's employer) has not contributed to a defined contribution plan, annuity plan (403(b)), or deferred compensation plan (457(b)) this calendar year.
 - I may cancel these recurring ACH debits (direct withdrawals) by using this form or by cancelling them through my online account.

Signature of Beneficiary or Authorized Legal Representative

Date (mm/dd/yyyy)

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