

Important information about this form:

- Fill out this form to setup, remove, or replace recurring monthly withdrawals 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.
- We are required to file an IRS Form 1099-QA when you make a withdrawal from your account.
- Withdrawals may have tax consequences depending on how the distribution is used. You should consult your tax advisor.
- A Medallion Signature Guarantee is required for any withdrawals over \$50,000 or any withdrawals to 3rd parties over \$5,000.
- Keep any receipts for eligible expenses once the money from this account is used.
- 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 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 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

- Stop all monthly withdrawals from this account (skip to **Step 7**)
- Replace all monthly withdrawals from this account (complete **Steps 3, 4, and 7**)
- Create a new monthly withdrawal from this account (complete **Steps 3, 4, and 7**)

3 Monthly withdrawal setup

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

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

_____ \$ _____ , _____ . _____
Withdrawal Day (1 – 28)* **Total withdrawal amount**

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

* A note on when withdrawals will be deducted from your account: If the Withdrawal Day you've selected falls on a regular business day, your withdrawal will be deducted from your account the same day. If the Withdrawal Day you've selected falls on a weekend or a holiday, the withdrawal will be deducted from your account on the next Business Day. The withdrawn amount should reach your bank account within 2–5 business days.

4 Choose the type of withdrawal

- Direct deposit into the bank account connected to this account (Fill out **Step 5** and **7**)
If there is more than one bank account connected to the account, you'll have to select which bank you want to receive the deposit. There will be a 30-day hold if there was a recent change to the banking information.
- A check sent to the mailing address on the account (Fill out **Step 7**)
There will be a 30-day hold period for check withdrawals if you recently changed the mailing address.

Who should we make the check out to? Beneficiary Authorized Legal Representative
- A check sent to a third party (Fill out **Step 6, 7** and **8**)

5 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 do not staple, use a paper clip for the check).

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.

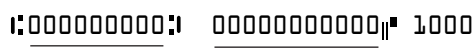
Bank name

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

6 Third-party information

Payable to

Contact name

Memo line

Mailing address

Street address 1

Street address 2

City

State

ZIP Code

7 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 withdrawals from this account, or Replace all monthly withdrawals from this account:
 - I understand that all currently active monthly withdrawals from this account will be cancelled.
 - I understand that my request will become effective once processed by the Program and that the Program must receive my request at least 1 business day before I want it to become effective.
- If I selected Create a new monthly withdrawal from this account, or Replace all monthly withdrawals from this account:
 - I understand this authorizes the Program to initiate recurring withdrawals from my ABLE United account and to either: (i) make recurring deposits to my bank account; (ii) send checks to my address; or (iii) send checks to a third party on the Withdrawal Day each month for the total withdrawal amount.*
 - I understand that if there is not enough money in my account to complete the recurring withdrawal or if the withdrawal amount is greater than 90% of my account balance, it will fail.
 - I may cancel these recurring monthly withdrawals by using this form.

Signature of Beneficiary or Authorized Legal Representative

Date (mm/dd/yyyy)

* A note on when withdrawals will be deducted from your account: If the Withdrawal Day you've selected falls on a regular business day, your withdrawal will be deducted from your account the same day. If the Withdrawal Day you've selected falls on a weekend or a holiday, the withdrawal will be deducted from your account on the next Business Day. The withdrawn amount should reach your bank account within 2–5 business days.

8 Medallion Signature Guarantee

Keep in mind that:

- You're providing the following information as underwritten certification that your signature is genuine.
- You can get a Medallion Signature Guarantee from an authorized officer of a bank, broker, or other qualified financial institution. A notary public doesn't qualify, and you cannot guarantee your own signature.
- **Only sign if you are in the presence of an authorized officer providing the Medallion Signature Guarantee.**

I certify that the information provided herein is true and complete in all respects, and that I have read and understand, consent, and agree to all the terms and conditions of the **Plan Disclosure Booklet**.

Signature of Beneficiary or Authorized Legal Representative

Signature Guarantor

Title

Name of Institution

Date (mm/dd/yyyy)

Have the Authorized Officer stamp here