

Important information about this form:

- Fill out this form to set up payroll deduction contributions to your ABLE United account, or to change existing payroll deduction contributions. To stop payroll deduction 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 deductions to multiple ABLE accounts, please submit a different form for each ABLE United account you want to make payroll deductions contributions to.
- Your ABLE United account must be open before you submit this form to your Employer and the Plan to start payroll deductions.
- 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 deduction 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
P.O. Box 9696
Providence, RI 02940-9696

Overnight Mail:

ABLE United
4400 Computer Drive
Westborough, MA 01581

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 deduction instructions

(Select one)

- Set up payroll deduction
- Changing existing payroll deduction instructions
(This will replace any previous payroll deduction 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 deduct the amount indicated below and send to the Plan on your behalf. The contribution instructions you provide in this section apply to your payroll deduction contributions only – not to future contributions you may make to this account by check, automatic contribution plan or any method except payroll deduction.

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 deductions)

\$ ____ , ____ ____ . ____ ____
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) 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 deductions 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 deduction 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 contribution 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.

Signature of Beneficiary or Authorized Legal Representative

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 deduction 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 deduction contribution can be accepted.
- ✓ You must contact your employer to stop payroll deductions.
- ✓ 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.