

Important information about this form:

- Fill out this form to request a partial or full withdrawal from your ABLE United account.
- We are required to file an IRS Form 1099-QA when you make a withdrawal from your ABLE account.
- You must wait 5 days before you can withdraw a contribution made by bank ACH or check.
- If you recently changed your banking information, there will be a 10-day hold period for check withdrawals. If you recently updated your address, there will be a 15-day hold period for check withdrawals. With a notarization acknowledgement you can bypass the hold periods (**Step 7**).
- Keep any receipts for eligible expenses once the money from this account is used.
- Use black ink to type or print clearly, and do not staple the sheets together.

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 Choose the type of withdrawal

Direct deposit into the bank account connected to this account (Fill out **Step 2, 3, 4** and **6**)
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 10-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 2, 3** and **6**)
There will be a 15-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 2, 3, 5, 6** and **7**)

2 **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

3 How much do you want to withdraw?

Choose the portfolio(s) you want to withdraw money from. There's a \$5 minimum withdrawal and you must have at least \$5 in a portfolio to keep it open. You can withdraw up to 95% of the total amount or the full amount.

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

You must wait 5 days before you can withdraw a contribution made by bank ACH (or 11 days after a check contribution).

Investment options	Amount	
Conservative Portfolio	<input type="radio"/> Full balance	<input type="radio"/> Partial amount: \$ _____ , _____ . _____ Amount
Moderate Portfolio	<input type="radio"/> Full balance	<input type="radio"/> Partial amount: \$ _____ , _____ . _____ Amount
Growth Portfolio	<input type="radio"/> Full balance	<input type="radio"/> Partial amount: \$ _____ , _____ . _____ Amount
U.S. Stock Fund	<input type="radio"/> Full balance	<input type="radio"/> Partial amount: \$ _____ , _____ . _____ Amount
International Stock Fund	<input type="radio"/> Full balance	<input type="radio"/> Partial amount: \$ _____ , _____ . _____ Amount
U.S. Bond Fund	<input type="radio"/> Full balance	<input type="radio"/> Partial amount: \$ _____ , _____ . _____ Amount
Money Market Fund	<input type="radio"/> Full balance	<input type="radio"/> Partial amount: \$ _____ , _____ . _____ Amount
FDIC Savings Fund	<input type="radio"/> Full balance	<input type="radio"/> Partial amount: \$ _____ , _____ . _____ Amount

Want to withdraw all funds?

- Yes, withdraw the full balance of all portfolios/funds I'm invested in. \$ _____ , _____ . _____
Total withdrawal amount
- Close this account
Only check this if you want to close your account once all funds are withdrawn.

4 Bank account information – If applicable

Only complete if you selected direct deposit in **Step 1**.

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 routing number

Bank account number

Need help?

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

⑆ 0000000000 ⑆ 000000000000000000 1000
Routing Account
Number Number

5 Third-party information

Payable to

Contact name

Memo line

Mailing address

Street address 1

Street address 2

City

State

ZIP Code

6 Sign the form

- I certify that I have read, understand, consent, and agree to all terms and conditions of the ABLE United **Program Description & Participation Agreement** and understand the rules and regulations governing withdrawals from my ABLE United account. I also certify that the information provided on this form is accurate and hereby instruct the ABLE United Program to distribute this withdrawal as I have indicated.
- I understand that the earnings portion of non-qualified withdrawals is subject to federal and state income tax and an additional 10% federal tax. I also understand that I am responsible for reporting the withdrawal on my income tax returns for the tax year that the non-qualified withdrawal was made.
- I understand that if I took a state income tax deduction or credit on my state income taxes, I will need to check with my home state to determine if my deduction or credit is subject to recapture.
- If I am an Authorized Legal Representative, I certify that I am authorized to act on the Beneficiary's behalf in making this request and that this request is in the best interest of the Beneficiary.
- By signing below, I authorize the Program Manager or its designee to withdraw funds according to the instructions above.

Only sign if you are in the presence of a notary public or other officer providing notarization - if applicable.

Signature of Beneficiary or Authorized Legal Representative

Date (mm/dd/yyyy)

7 Notarization acknowledgement

Keep in mind that:

- You're providing the following information as underwritten certification that your signature is genuine.
- You cannot guarantee your own signature. You may be required to provide proof of your authority to act on behalf of the ABLE Account.

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of

physical presence or **online notarization,**

This ____ day of _____, 20____, by _____

Signature of Notary Public - State of Florida

Circle one:
Personally Known OR **Produced Identification**

Type of Identification Produced

Print, Type, or Stamp Commissioned Name of Notary Public