

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 or address, there's a 30-day hold period for withdrawals. With a Medallion Signature Guarantee (in **Step 7** of this form), you can bypass all the hold periods.
- 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.
- 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 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 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 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 2, 3** and **6**)
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 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 90% 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.

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.

Signature of Beneficiary or Authorized Legal Representative

Date (mm/dd/yyyy)

7 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. You may be required to provide proof of your authority to act on behalf of the ABLE account.
- **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 **Program Description & Participation Agreement**.

Signature of Beneficiary or Authorized Legal Representative

Signature Guarantor

Title

Name of Institution

Date (mm/dd/yyyy)

Have the Authorized Officer stamp here