



Important information about this form:

- Fill out this form to contribute money to an ABLE for ALL Savings Plan account with a check.
- You may only contribute to an existing account. Use an **Enrollment Form**(or sign up online at <u>www.ABLEforALL.com</u>) if you don't have an account.
- Include a check with the amount you'd like to add, and make it payable to ABLE for ALL Savings Plan.
- There's a minimum contribution of at least \$10 each time and a yearly standard contribution limit of \$15,000.
- If you're making an ABLE to Work contribution, you may contribute an amount equal to the Beneficiary's gross income, up to \$12,060, in addition to the yearly standard contribution limit.
- Type or print clearly in black ink, and do not staple the check.
- Future contributions and withdrawals will be allocated to help bring your account to your target allocation of cash and investment balances.
- Please note, once your funds have been allocated there is a 15-day hold period where you will not be able to withdraw these funds.

Need help?

Give us a call Monday – Friday from 9am – 8pm ET at **1-844-394-2253** or **1-844-888-2253 (TTY)**

Mail the form to:

ABLE for ALL Savings Plan P.O. Box 9891 Providence, RI 02940-8091

Overnight Mail:

ABLE for ALL Savings Plan 4400 Computer Drive Westborough, MA 01581

1	ABLE account information
	Name of the Beneficiary on the ABLE account (First and last)
	Beneficiary's Social Security or Taxpayer Identification Number
	— — — — — — — — — — — ABLE for ALL Savings Plan account number

Make the check payable to ABLE for ALL Savings Plan with the same amount written below

Tell us how much you want to contribute

Contribution amount (Minimum \$10, maximum \$15,000)

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☐ sumday®	Plan Management

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Со	ontribution type
Wh	ich type of contribution are you making? (Please select one)
	Standard contribution \$15,000 yearly standard contribution limit.
	ABLE to Work contribution If the Beneficiary is earning wages, they may contribute an amount equal to their gross income, up to \$12,060, in addition to the yearly standard contribution limit.
Sig	gn the form — If applicable
On	ly sign if you're making an ABLE to Work contribution.
Bys	signing below, if I'm making an ABLE to Work contribution, I certify that:
•	The Beneficiary is earning wages.
•	The amount being contributed is less than or equal to the Beneficiary's gross income this calendar year and is no more than \$12,060.
•	The Beneficiary (or the Beneficiary's employer) has not contributed to a defined contribution plan (401K), annuity plan (403(b)), or deferred compensation plan (457(b)) this calendar year.
—— Sig	nature of Beneficiary or Authorized Legal Representative Date (mm/dd/yyyy)