

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 www.ABLEforALL.com) 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 maximum contribution of \$14,000.
- 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-ABLE or 1-844-888-ABLE (TTY)

Mail the form to:

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

1 Fill out the 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 number

If you have an online account and are looking for the account number, check your Account Edit page on the website.

2 Tell us how much you want to contribute

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

\$ _____

Contribution amount (has to be at least \$10)