

Important information about this form:

- Fill out this form to request a partial or full withdrawal from your ABLE for ALL Savings Plan account.
- We are required to file an IRS Form 1099-QA when you make a withdrawal from your ABLE account.
- You have to wait 5 days after you make a contribution by Bank ACH, or 11 days for a contribution made with a check, before you can withdraw those assets.
- If you recently changed your banking information, there's a 30-day hold period for withdrawals. (There's also a 30-day hold period for check withdrawals if there was an address change.) With a Medallion Signature Guarantee (in **Step 6** of this form), you can bypass all the hold periods.
- 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 – 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 Choose the type of withdrawal

- A check sent to the Beneficiary (Fill out **Step 2, 3 and 5**)
There will be a 30-day hold period for check withdrawals if you recently changed the Beneficiary's address (where the check will be mailed). Please note: There is a \$2.50 fee for withdrawals issued via check.
- A check sent to the Authorized Legal Representative (Fill out **Step 2, 3 and 5**)
There will be a 30-day hold period for check withdrawals if you recently changed the Authorized Legal Representatives address (where the check will be mailed). Please note: There is a \$2.50 fee for withdrawals issued via check.
- Direct deposit into the bank account connected to this account (Fill out **Step 2 – 5**)
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.

2 ABLÉ account information

Name of the Beneficiary on the ABLÉ account (First and last)

____ _ - ____ _ - ____ _
Beneficiary's Social Security or Taxpayer Identification Number

____ _ - ____ _ - ____ _ - ____ _ - ____ _
ABLE for ALL Savings Plan account number

3 How much do you want to withdraw?

- Full balance
The entire amount in both the cash and investment options in the account
- Close this account
Only check this if you want to close your ABLÉ for ALL Savings Plan once all the funds are withdrawn
- A partial amount
The amount will be withdrawn from the account to maintain the current allocation between the cash option and investment option.

\$ _____
Amount to withdrawal

4 Bank account information — If applicable

Only complete if you selected direct deposit on **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:

⑆000000000	⑆ 00000000000	⑆ 1000
Routing Number	Account Number	

5 Sign the form

- I certify that I have read, understand, consent, and agree to all terms and conditions of the ABLE for ALL Savings **Plan Disclosure Booklet** and understand the rules and regulations governing withdrawals from my ABLE for ALL Savings Plan account. I also certify that the information provided on this form is accurate and hereby instruct the ABLE for ALL Savings Account to distribute this 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 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 Plan Manager or its designee to withdraw funds according to the instructions above.

Signature of Beneficiary or Authorized Legal Representative

Date (mm/dd/yyyy)

6 A Medallion Signature Guarantee is required for a withdrawal within 30 days of a bank change (or address change for checks)

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.
- **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 **Plan Disclosure Booklet**.

Signature of Beneficiary or Authorized Legal Representative

Signature Guarantor

Title

Name of Institution

Date (mm/dd/yyyy)

Have the Authorized Officer stamp here