

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 (on **Step 7** 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-ABLE** or **1-844-888-ABLE (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 you want to make

- A check made 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.
- 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.
- A check made to a 3rd party (fill out **Step 2, 3** and **5 – 7**)
Please note: There is a \$2.50 fee for withdrawals issued via check.

2 Enter 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

3 Choose how much 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Only check this if you want to close your ABLE for ALL Savings Plan once all the funds are withdrawn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The amount will be withdrawn from the account to maintain the current allocation between the cash option and investment option.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 Tell us which bank account connected to this ABLE account do you want the deposit sent to

Name on Bank Account
The 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.

continued from page 2

- 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 Only fill out for a withdrawal to a 3rd party

Payable to

Contact name

Memo line

Street Address 1

Street Address 2

City

State

ZIP Code

Telephone number

7 A Medallion Signature Guarantee is required for a check for a 3rd party, or 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.

Have the Authorized Officer stamp here

Signature of Beneficiary or Authorized Legal Representative

Signature Guarantor

Title

Name of Institution

Date (mm/dd/yyyy)