

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.
- After a contribution has been made by bank ACH or check, you must wait 5 business days before you can withdraw those funds.
- If you recently changed your banking information, there will be a 10-day hold period for check withdrawals. If you recently updated your address, there will be a 15-day hold period for check withdrawals. With a notarization acknowledgement (**Step 7** of this form) you can bypass the hold periods.
- A notarization acknowledgement is required for any withdrawals over \$50,000 or any withdrawals to 3rd parties.
- Keep any receipts for eligible expenses once the money from this account is used.

Need help?

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

Individuals with speech or hearing disabilities may dial 711 to access Telecommunications Relay Service (TRS) from a telephone or TTY.

Mail the form to:

ABLE for ALL Savings Plan
PO Box 534430
Pittsburgh, PA 15253- 4430

Overnight Mail:

ABLE for ALL Savings Plan
Attention: 534430
500 Ross Street, 154-0520
Pittsburgh, PA 15262

Fax:

833-286-8167

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

2 Choose the type of withdrawal

Direct deposit into the bank account connected to this account (Fill out **Steps 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 **Steps 3** and **6**)
There will be a 30-day hold period for check withdrawals if you recently changed the mailing address.
Please note: There is a \$2.50 fee for withdrawals issued via check.

Who should we make the check out to? Beneficiary Authorized Legal Representative

A check sent to a third party (Fill out **Steps 3, 5, 6** and **7**)
Please note: There is a \$2.50 fee for withdrawals issued by check.

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 Oregon ABLE Savings Plan once all the funds are withdrawn.
- A partial amount
Select below which portfolio(s) you want to withdraw from and specify an amount.

There are risks involved in investing. Your decision should be based on your goals and timeline for this ABLE account. The rest is determined by the market's performance.

For an in-depth look at each of the options, please refer to the **Plan Disclosure Booklet**.

Choose withdrawal option (Please select at least one)

ABLE Conservative \$ ____ , ____ . ____
 A predesigned diversified option with a mix of stocks and bonds for a more conservative risk profile. Amount

ABLE Moderate \$ ____ , ____ . ____
 A predesigned diversified option with a mix of stocks and bonds for a more moderate risk profile. Amount

ABLE Aggressive \$ ____ , ____ . ____
 A predesigned diversified option with a mix of stocks and bonds for a more aggressive risk profile. Amount

Cash Option \$ ____ , ____ . ____
 This fund offers FDIC insurance protection for amounts contributed up to FDIC-permitted limits. Amount

\$ ____ , ____ . ____
Total withdrawal amount

4 Bank account information — If applicable

Only complete if direct deposit was selected in Step 2 and there are multiple bank accounts connected to your ABLE account.

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⑆	000000000000000000000000	1000
Routing Number	Account Number	

5 Third-party information

Payable to

Contact name

Memo line

Mailing address

Street address 1

Street address 2

City

State

ZIP Code

Telephone number

6 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 Plan to distribute this withdrawal as I have indicated.
- I understand that the earnings on all or a portion of my withdrawal is subject to federal and state income tax and an additional 10% federal tax if the withdrawal is used for an unqualified expense.
- 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)

7 A notarization acknowledgement is required for any withdrawals over \$50,000 or any withdrawals to 3rd parties.

Keep in mind that:

- You're providing the following information as underwritten certification that your signature is genuine.
- 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 a notary public or other officer providing notarization.

The undersigned has read the foregoing in its entirety before signing. IN WITNESS WHEREOF, I have hereunto

set my hand this _____ day of _____, 20____ .
Day (#) Month Year

Signature of Beneficiary or Authorized Legal Representative

State of _____, County of _____

This instrument was acknowledged before me

physical presence online notarization

on _____
Date (mm/dd/yyyy)

by _____
Name of person (First and last)

My term expires: _____
Date (mm/dd/yyyy)

Notary Public (Seal)

Signature of Notary Public