

Important information about this form:

- Fill out this form to contribute money to an Oregon ABLE Savings Plan account with a check.
- You may only contribute to an existing account. Use an **Enrollment Form** (or sign up online at www.OregonABLESavings.com) if you don't have an account.
- Include a check with the amount you'd like to add, and make it payable to Oregon ABLE 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 – 5pm PT at **1-844-999-ABLE** or from 6am – 5pm PT at **1-844-888-ABLE (TTY)**

Mail the form to:

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

Overnight Mail:

Oregon ABLE Savings Plan
4400 Computer Drive
Westborough, MA 01581

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

Oregon ABLE Savings Plan number

2 Tell us how much you want to contribute

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

\$ _____

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