

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 contribution limit of \$15,000.
- If you're making an ABLE to Work contribution, you may contribute an amount equal to the Beneficiary's gross income, up to \$12,060, in addition to the yearly standard contribution limit.
- 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
1-844-999-2253 or
from 6am – 5pm PT at
1-844-888-2253 (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 ABLE 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 account 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 (Must be between \$10 and \$15,000)

3 Contribution type

Which type of contribution are you making? (Please select one)

- Standard contribution
\$15,000 yearly standard contribution limit.
- ABLE to Work contribution
If the Beneficiary is earning wages, they may contribute an amount equal to their gross income, up to \$12,060, in addition to the yearly standard contribution limit.

4 Sign the form — If applicable

Only sign if you're making an ABLE to Work contribution.

By signing below, if I'm making an ABLE to Work contribution, I certify that:

- The Beneficiary is earning wages.
- The amount being contributed is less than or equal to the Beneficiary's gross income this calendar year and is no more than \$12,060.
- The Beneficiary (or the Beneficiary's employer) has not contributed to a defined contribution plan (401K), annuity plan (403(b)), or deferred compensation plan (457(b)) this calendar year.

Signature of Beneficiary or Authorized Legal Representative

Date (mm/dd/yyyy)