

**Important information about this form:**

- Fill out this form to set up payroll deduction contributions to your Oregon ABLE account, or to change existing payroll deduction contributions. To stop payroll deduction contributions, please contact your employer.
- Review the **Employee Checklist** (included with this form), and **Plan Disclosure Booklet**.
- Please submit a different form for each Oregon ABLE account you want to make payroll deductions contributions to.
- Your Oregon ABLE account must be open before you submit this form to your Employer and the Plan to start payroll deductions.
- Once completed you'll need to give a copy of this form to your Employer and mail the original to the Plan at the address indicated. It may take up to 10 business days from the receipt of this form before a payroll deduction can be accepted. Please keep an additional copy of this form for your records.
- Make sure you use black ink to type or print clearly in capital letters.

**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 Oregon ABLE account information**

\_\_\_\_\_  
Name of Beneficiary on the ABLE Account (First and last)

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

\_\_\_\_ \_  
Oregon ABLE account number

**2 Payroll deduction instructions**

(Select one)

- Set up payroll deduction
- Changing existing payroll deduction instructions  
(This will replace any previous payroll deduction instructions for this account)

**3 Employee information**

The employee must be the Oregon ABLE Beneficiary or Authorized Legal Representative listed on the account.

\_\_\_\_\_  
**Employee ID Number** (For Employer use only)

\_\_\_\_\_  
**Name of Employee** (First and last)

\_\_\_\_\_  
**Name of Employer**

**Employer address**

\_\_\_\_\_  
**Street address 1**

\_\_\_\_\_  
**Street address 2**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**ZIP Code**

\_\_\_\_\_  
**Employer contact name**

\_\_\_\_\_  
**Employer telephone number**

\_\_\_\_\_  
**Ext.**

**4 Contribution information**

Your employer will deduct the amount indicated below and send to the Plan on your behalf. There is a \$10 minimum contribution.

\$ \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_  
Amount (per pay period)

\_\_\_ / \_\_\_ / \_\_\_

**Effective date** (This is the date the employee wants the employer to begin his/her payroll deductions)

**5 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.

**6 Sign the form**

By signing below, I authorize my employer to process periodic deductions from my paycheck for contribution into this Oregon ABLE Savings Plan Account(s).

- I acknowledge and agree that my remedy for any errors made in connection with these transactions is limited to simple reimbursement of the amount of the error.
- I authorize the Plan and its agents to make adjustments to my account to correct such error.
- I understand that this Oregon ABLE account may not be credited with my payroll deduction until the funds are received from my employer and that the date on my payroll stub may not be the same date the deposit is credited to this account.
- This authorization will remain in effect until cancelled by me or by the Plan, or upon termination of my employment with my employer.

**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.
- This recurring payroll contribution is being initiated with the understanding that the total ABLE to Work contributions for this year are anticipated to be no more than the amount the beneficiary has earned in gross income for the current year or \$12,060, whichever is less.
- 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.

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**Signature of Beneficiary or Authorized Legal Representative**

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**Date (mm/dd/yyyy)**

## Employee Checklist

Please read this checklist carefully before completing this form.

- ✓ Be sure to include your employee ID number on this form to help your employer identify your payroll record.
- ✓ Your payroll deduction form will be rejected in its entirety if:
  1. you do not provide an account number,
  2. your contribution total is not added correctly, or
  3. the contribution amount is less than \$10.
- ✓ Give a copy of this form to your Employer.
- ✓ **Mail this original form to the Plan at the address indicated.** It may take up to 10 days from the receipt of this form before a payroll deduction contribution can be accepted.
- ✓ You must contact your employer to stop payroll deductions.
- ✓ If you have questions, please contact Oregon ABLE customer service.

## Employer Checklist

The following information has been developed to help you establish automatic payroll deduction for any employee. Please read it carefully before sending funds to the Plan on behalf of any employee via ACH (Automated Clearing House) funds.

- ✓ The employee must provide his/her account number(s) on this form in order to set up payroll deduction.
- ✓ Code the account type (i.e., deposit) as "Checking" and transmit the funds to Bank of New York Mellon (ABA Number 011001234).
- ✓ Enter the employee's account number as a 17-digit field.
  - The first 7 digits identify the Oregon ABLE Savings Plan i.e., DDA account number 740705.
  - The next 10 digits identify the employee's account number.
  - Use leading zeros for account numbers less than 10 digits.
  - Do not use any dashes or spaces.
  - Example: employee account number 7407051234567890 = DDA (740705) + account number (1234567890).
- ✓ It may take up to 10 days from the receipt of this form by the Plan before a payroll deduction can be accepted.
- ✓ If you have questions, please contact Oregon ABLE customer service.