

Important information about this form:

- Fill out this form to set up, remove, or replace recurring monthly contributions to your ABLE account.
- You must have an open account to use this form. If you need to sign up, go online to www.OregonABLESavings.com or use an **Enrollment Form** before completing this form.
- Make sure you use black ink. Type or print clearly in capital letters.

Need help?

Give us a call Monday – Friday
from 9am – 5pm PT at

1-844-999-2253

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

Mail the form to:

Oregon ABLE Savings Plan
P.O. Box 534430
Pittsburgh, PA 15253- 4430

Overnight Mail:

Oregon ABLE 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

Oregon ABLE Savings Plan account number

2 Instructions

- Stop all monthly contributions to this account (Skip to **Step 6**)
- Replace all monthly contributions to this account (Complete **Steps 3 - 6**)
- Create a new monthly contribution to this account (Complete **Steps 3 - 6**)

You can also create, add or replace individual monthly contributions from your online account.

3 Select an investment option

There are four investment options to pick from. 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 investment options, please refer to the Plan Disclosure Booklet.

How do you want to invest? (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 contribution amount

4 Monthly contribution setup

Tell us how much you want to contribute to your account each month.

\$ _____

Amount (Must be at least \$5)

____ — ____
Contribution Day (1 – 28)*

If you don't pick a date, we'll automatically deduct your contribution on the 1st of every month.

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

Standard contribution

See the Program Disclosure Booklet for the current 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 the annual ABLE to Work contribution limit (see Program Disclosure Booklet for current limits) in addition to the yearly standard contribution limit.**

5 Bank account information

Attach a voided check or copy of your bank statement showing the name, address, last 4 digits of the account number and complete the bank information below. (Please do not staple, use a paper clip for the check).

Which type of document are you including to verify this bank account? Voided check Bank account

Bank account type Checking Savings

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 name

Bank routing number

Bank account number

Need help?

You can find your bank information on the bottom of one of your checks here:

⋮0000000000⋮ 000000000000⋮ 1000

Routing
Number

Account
Number

* A note on when contributions will be deducted from your bank account: If the Contribution Day you've selected falls on a regular business day, your contribution will be deducted from your bank account two business days prior to the Contribution Day. If the Contribution Day you've selected falls on a weekend or a holiday, the contribution will be deducted from your bank account on the next Business Day.

** If the Beneficiary or their employer is contributing to a defined contribution plan (401K), annuity plan (403(b)), or deferred compensation plan (457(b)) this calendar year, the Beneficiary is not eligible to make ABLE to Work contributions.

6 Sign the form

By signing this form, you're confirming that the information provided is accurate, and true and that you agree and certify that:

- If I selected stop all monthly contributions to this account, or replace all monthly contributions to this account:
 - I understand that all currently active monthly contributions to this account will be cancelled.
 - I understand that my request will become effective once processed by the Plan and that the Plan must receive my request at least 3 business days before I want it to become effective.
- If I selected Create a new monthly contribution to this account, or Replace all monthly contributions to this account:
 - I understand this authorizes the Plan to initiate recurring ACH debits (direct withdrawals) from my bank account up to two business days prior to the Contribution Day each month for the total contribution amount.*
 - If I've indicated that these monthly contributions are ABLE to Work contributions, I certify that the Beneficiary is earning wages and the total ABLE to Work contributions for this year are less than or equal to the Beneficiary's gross income this calendar year up to the annual ABLE to Work contribution limit (see Program Disclosure Booklet for current limits). I also certify that the Beneficiary (or the Beneficiary's employer) has not contributed to a defined contribution plan (e.g., 401K), annuity plan (403(b)), or deferred compensation plan (457(b)) this calendar year.
 - I may cancel these recurring ACH debits (direct withdrawals) by using this form or by cancelling them through my online account.

Signature of Beneficiary or Authorized Legal Representative

Date (mm/dd/yyyy)