

## Important information about this form:

- Fill out this form to setup, 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](http://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** 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

## Want to do this quicker?

Sign in to create or manage your  
monthly contributions online.

## 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 5**)
- Replace all monthly contributions to this account (Complete **Steps 3, 4, and 5**)
- Create a new monthly contribution to this account (Complete **Steps 3, 4, and 5**)

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

### 3 Monthly contribution setup

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

\$ \_\_\_\_\_

**Amount** (Must be at least \$10)

— —

**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  
\$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 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:

⑆000000000	⑆ 0000000000	⑆ 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.

## 5 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, and is no more than \$12,060. 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.

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**Signature of Beneficiary or Authorized Legal Representative**

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

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