

## Important information about this form:

- Fill out this form to setup, remove, or replace recurring monthly withdrawals 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.
- We are required to file an IRS Form 1099-QA when you make a withdrawal from your account.
- Withdrawals may have tax consequences depending on how the distribution is used. You should consult your tax advisor.
- Keep any receipts for eligible expenses once the money from this account is used.
- 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 withdrawals 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 withdrawals from this account (Skip to **Step 5**)
- Replace all monthly withdrawals from this account (Complete **Steps 3, 4, and 5**)
- Create a new monthly withdrawal from this account (Complete **Steps 3, 4, and 5**)

### 3 Monthly withdrawal setup

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

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

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

\_\_\_ \_\_\_

**Withdrawal Day** (1 – 28)\*

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

### 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 statement

**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:

		
Routing Number	Account Number	1000

\* A note on when withdrawals will be deducted from your account: If the Withdrawal Day you've selected falls on a regular business day, your withdrawal will be deducted from your account two business days prior to the Withdrawal Day. If the Withdrawal Day you've selected falls on a weekend or a holiday, the withdrawal will be deducted from your ABLE account on the next Business Day. The withdrawn amount should reach your bank account within 2–5 business days.

**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 withdrawals to this account, or Replace all monthly withdrawals to this account:
  - I understand that all currently active monthly withdrawals 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 1 business day before I want it to become effective.
- If I selected Create a new monthly withdrawal to this account, or Replace all monthly withdrawals to this account:
  - I understand this authorizes the Plan to initiate recurring withdrawals from my Oregon ABLE account to my bank account on the Withdrawal Day each month for the total withdrawal amount.\*
  - I understand that if there is not enough money in my account to complete the recurring withdrawal or if the withdrawal amount is greater than 90% of my account balance, it will fail.
  - I may cancel these recurring monthly withdrawals by using this form.

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**Signature of Beneficiary or Authorized Legal Representative**

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

\* A note on when withdrawals will be deducted from your account: If the Withdrawal Day you've selected falls on a regular business day, your withdrawal will be deducted from your account two business days prior to the Withdrawal Day. If the Withdrawal Day you've selected falls on a weekend or a holiday, the withdrawal will be deducted from your ABLE account on the next Business Day. The withdrawn amount should reach your bank account within 2–5 business days.