

## Important information about this form:

- Fill out this form to request a partial or full withdrawal from your Oregon ABLE Savings Plan account.
- We are required to file an IRS Form 1099-QA when you make a withdrawal from your ABLE account.
- You must wait 10 days before you can withdraw a contribution made by bank ACH or check.
- If you recently changed your banking information, there's a 30-day hold period for withdrawals. (There's also a 30-day hold period for check withdrawals if there was an address change.) With a Medallion Signature Guarantee (in **Step 7** of this form), you can bypass all the hold periods.
- Keep any receipts for eligible expenses once the money from this account is used.
- Use black ink to type or print clearly, and do not staple the sheets together.

## 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 Choose the type of withdrawal

- Direct deposit into the bank account connected to this account (Fill out **Step 2, 3, 4** and **6**)  
If there is more than one bank account connected to the account, you'll have to select which bank you want to receive the deposit. There will be a 30-day hold if there was a recent change to the banking information.
- A check sent to the Beneficiary (Fill out **Step 2, 3** and **6**)  
There will be a 30-day hold period for check withdrawals if you recently changed the Beneficiary's address (where the check will be mailed). Please note: There is a \$2.50 fee for withdrawals issued via check.
- A check sent to the Authorized Legal Representative (Fill out **Step 2, 3** and **6**)  
There will be a 30-day hold period for check withdrawals if you recently changed the Authorized Legal Representative's address (where the check will be mailed). Please note: There is a \$2.50 fee for withdrawals issued via check.
- A check sent to a third party (Fill out **Step 2, 3, 5** and **6**)  
You can not send more than \$15,000 by check to a third party unless you obtain a Medallion Signature Guarantee (**Step 7**). Please note: There is a \$2.50 fee for withdrawals issued by check.

## 2 ABLÉ account information

\_\_\_\_\_  
Name of the Beneficiary on the ABLÉ account (First and last)

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

\_\_\_\_\_  
Oregon ABLÉ Savings Plan account number

## 3 How much do you want to withdraw?

- Full balance  
The entire amount in both the cash and investment options in the account
- Close this account  
Only check this if you want to close your Oregon ABLÉ Savings Plan once all the funds are withdrawn
- A partial amount  
The amount will be withdrawn from the account to maintain the current allocation between the cash option and investment option.

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

Amount to withdrawal

## 4 Bank account information — If applicable

Only complete if selected direct deposit in **Step 1**.

\_\_\_\_\_  
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 routing number

\_\_\_\_\_  
Bank account number

### Need help?

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

⑆000000000	⑆ 00000000000	⑆ 1000
Routing Number	Account Number	

**5** Third-party information

---

Payable to

---

Contact name

---

Memo line

Mailing address

---

Street address 1

---

Street address 2

---

City

---

State

---

ZIP Code

**6 Sign the form**

- I certify that I have read, understand, consent, and agree to all terms and conditions of the Oregon ABLE Savings **Plan Disclosure Booklet** and understand the rules and regulations governing withdrawals from my Oregon ABLE Savings Plan account. I also certify that the information provided on this form is accurate and hereby instruct the Oregon ABLE Savings Account to distribute this as I have indicated.
- I understand that the earnings portion of non-qualified withdrawals is subject to federal and state income tax and an additional 10% federal tax. I also understand that I am responsible for reporting the withdrawal on my income tax returns for the tax year the non-qualified withdrawal was made.
- I understand that if I took a state income tax deduction or credit on my state income taxes, I will need to check with my home state to determine if my deduction or credit is subject to recapture.
- If I am an Authorized Legal Representative, I certify that I am authorized to act on the Beneficiary's behalf in making this request and that this request is in the best interest of the Beneficiary.
- By signing below, I authorize the Plan Manager or its designee to withdraw funds according to the instructions above.

---

**Signature of Beneficiary or Authorized Legal Representative**

---

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

**7 Medallion Signature Guarantee****Keep in mind that:**

- You're providing the following information as underwritten certification that your signature is genuine.
- You can get a Medallion Signature Guarantee from an authorized officer of a bank, broker, or other qualified financial institution. A notary public doesn't qualify, and you cannot guarantee your own signature.
- **Only sign if you are in the presence of an authorized officer providing the Medallion Signature Guarantee.**

I certify that the information provided herein is true and complete in all respects, and that I have read and understand, consent, and agree to all the terms and conditions of the **Plan Disclosure Booklet**.

\_\_\_\_\_  
Signature of Beneficiary or Authorized Legal Representative

\_\_\_\_\_  
Signature Guarantor

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name of Institution

\_\_\_\_\_  
Date (mm/dd/yyyy)

**Have the Authorized Officer stamp here**