



Important information about this form:

- Fill out this form to contribute money to a Maryland ABLE account with a check.
- You may only contribute to an existing account. Use an Enrollment Form (or sign up online at Maryland ABLE.org if you don't have an account.
- Include a check with the amount you'd like to add and make it payable to Maryland ABLE.
- ABLE accounts are subject to a Maximum Annual Contribution Limit. See the Plan Disclosure Booklet for the current limit.
- If you're making an ABLE to Work contribution, you may contribute an amount equal to the Beneficiary's gross income, up to the current limit (see Program Disclosure Booklet for current limits), in addition to the yearly standard contribution limit.
- Type or print clearly in black ink, and do not staple the check.
- Future contributions and withdrawals will be allocated to help bring your account to your target allocation of cash and investment balances.
- Please note, once your funds have been allocated there is a 5-day hold period where you will not be able to withdraw these funds.

Need help?

Give us a call Monday – Friday from 9am – 8pm ET at **1-855-**563-2253

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

Mail the form to:

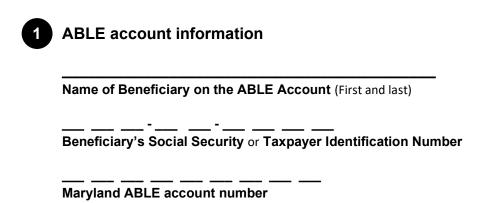
Maryland ABLE P.O. Box 534424 Pittsburgh, PA 15253- 4424

Overnight Mail:

Maryland ABLE Attention: 534424 500 Ross Street, 154-0520 Pittsburgh, PA 15262

Fax:

833-286-8170









Select 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 up to the market's performance. Contributions must be made by the Beneficiary or the Authorized Legal Representative.

You can include a check made out to Maryland ABLE. You can select as many portfolios you want to invest your contributions. You can view your portfolio selections at any time or change your investment strategy up to twice per calendar year.

For an in-depth look at each of the investment options, please refer to the Plan Disclosure.

How do you want to invest? A minimum of \$5 must be contributed to any option selected (Please select one)

	\$, Total contribution amount
ABLE Aggressive A portfolio of mutual funds intended to produce an overall investment exposure of approximately 84% stocks and 16% bonds	\$,, Amount (per pay period)
ABLE Moderate A portfolio of mutual funds intended to produce an overall investment exposure of approximately 50% stocks and 50% bonds	his Amount (per pay period) — — —
ABLE Conservative A portfolio of mutual funds intended to produce an overall investment exposure of approximately 20% stocks and 80% bonds	\$,
ABLE Fixed Income A portfolio of mutual funds intended to produce an overall investment exposure of 100% bonds.	\$,,
This fund offers FDIC insurance protection for amounts contribute up to FDIC-permitted limits.	ed Amount (per pay period)

The investment information on this page has been provided by Marquette Associates, the investment advisor for the Maryland ABLE





3	Contribution Type		
		Which type of contribution are you making? (Please select one)	
	\circ	Standard contribution ABLE accounts are subject to a Maximum Annual Contribution Limit. See the Plan Disclosure Booklet for the current limit.	
	0	ABLE to Work contribution If the Beneficiary is earning wages, they may contribute an amount equal to their gross income, up to the current limit (see Program Disclosure Booklet for current limits) in addition to the yearly standard contribution limit.	
		ure of Beneficiary or Authorized Legal Representative Date (mm/dd/yyyy)	
4 Sign the form — If applicable Only sign if you're making an ABLE to Work contribution.			
	-	ning below, if I'm making an ABLE to Work contribution, I certify that:	
	• In	e Beneficiary is earning wages.	
		e amount being contributed is less than or equal to the Beneficiary's gross income this calendar year and no more than the current limit (see Program Disclosure Booklet for current limits).	
		e Beneficiary (or the Beneficiary's employer) has not contributed to a defined contribution plan (401K), nuity plan (403(b)), or deferred compensation plan (457(b)) this calendar year.	

Signature of Beneficiary or Authorized Legal Representative

Date (mm/dd/yyyy)