

### Important information about this form:

- Fill out this form to contribute money to an Maryland ABLE program account with a check.
- You may only contribute to an existing account. Use an **Enrollment Form** (or sign up online at [www.MarylandABLE.org](http://www.MarylandABLE.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.
- There's a minimum contribution of at least \$10 each time and a yearly contribution limit of \$15,000.
- If you're making an ABLE to Work contribution, you may contribute an amount equal to the Beneficiary's gross income, up to \$12,140, 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 – 5pm ET at  
**1-855-563-2253** or  
from 9am – 8pm ET at  
**1-844-888-2253 (TTY)**

### Mail the form to:

Maryland ABLE  
P.O. Box 9663  
Providence, RI 02940-9663

### Overnight Mail:

Maryland ABLE  
4400 Computer Drive  
Westborough, MA 01581

## 1 ABLÉ account information

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

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

\_\_\_\_\_  
Maryland ABLÉ account number

**2 Tell us how much you want to contribute**

Make the check payable to Maryland ABLE with the same amount written below.

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

Contribution amount (Must be between \$10 and \$15,000)

**3 Contribution type**

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 \$12,140, in addition to the yearly standard contribution limit.

**4 Sign the form – If applicable**

Only sign if you're making an ABLE to Work contribution.

By signing below, if I'm making an ABLE to Work contribution, I certify that:

- The Beneficiary is earning wages.
- The amount being contributed is less than or equal to the Beneficiary's gross income this calendar year and is no more than \$12,140.
- The Beneficiary (or the Beneficiary's employer) has not contributed to a defined contribution plan (401K), annuity plan (403(b)), or deferred compensation plan (457(b)) this calendar year.

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

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