

# **Manage Monthly Contributions Form**

#### Important information about this form:

- Fill out this form to setup, remove, or replace recurring monthly contributions to your Maryland ABLE account.
- You must have an open account to use this form. If you need to sign up, go online to MarylandABLE.org or use an Enrollment Form before completing this form.
- Make sure you use black ink. Type or print clearly in capital letters.

1	ABLE account information
	Name of Beneficiary on the ABLE Account (First and last)
	Beneficiary's Social Security or Taxpayer Identification Number
	Maryland ABLE account number

#### 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

2	Instructions
	Which type of request are you making? (Please select one)

$\bigcirc$	Stop <u>all</u> monthly contributions to this account (skip to <b>Step 5</b> )
$\bigcirc$	Change <u>all</u> monthly contributions to this account (complete <b>Steps 3,4</b> , and <b>5</b> )
$\bigcirc$	Create a new monthly contribution to this account (complete <b>Steps 3,4</b> , and <b>5</b> )

You can create, stop or change individual monthly contributions from your online account.





# **Manage Monthly Contributions Form**



### Monthly contribution setup

your contribution on the 1st of every month

Tell us how much you want to contribute to your account each month. There is a \$5 minimum contribution for each portfolio you select. For an in-depth look at each of the investment options, please refer to the Program Disclosure and Participation Agreement.

### **Investment Options:**

Cash Option This fund offers FDIC insurance protection for amounts contributed up to FDIC-permitted limits.	\$, Amount (per pay period)
ABLE Fixed Income A portfolio of mutual funds intended to produce an overall investment exposure of 100% bonds.	\$ ,
ABLE Conservative A portfolio of mutual funds intended to produce an overall investment exposure of approximately 20% stocks and 80% 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.	\$ , Amount (per pay period)
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)
Contribution day (1-28)*  If you don't pick a date, we'll automatically deduct	\$ , Total contribution amount





# **Manage Monthly Contributions Form**

continued from page 2					
Which type of contribution are you making? (Please selection	Which type of contribution are you making? (Please select one)				
Standard contribution ABLE accounts are subject to a Maximum Annual Contribution Limit. See the Plan Disclosure Book for the current limit.					
, , , , , , , , , , , , , , , , , , , ,	ABLE to Work contribution  If the Beneficiary is earning wages, they may contribute an amount equal to their gross income (see Program Disclosure Booklet for current limits) in addition to the yearly standard contribution limit.**				
Bank account information  Attach a voided check or copy of your bank statement showing and complete the bank information below. (Please do not stap					
What type of documentation are you including to verify this ba	nk 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.					
	Need help? You can find your bank information on the bottom of one of your checks here:				
Bank name	A <u>000000000</u> A 0 <u>000000000000</u> c 1000				
Bank routing number	Routing Account Number Number				

<sup>\*\*</sup> 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.



Bank account number

<sup>\*</sup> 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.





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### 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 from this account, or Replace all monthly contributions to this
  account:
  - o 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 Program and that the Program must receive my request at least 1 business day 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.\*
  - o 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 (see Program Disclosure Booklet for current limits). 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.

	///
Signature of Beneficiary or Authorized Legal Representative	Date (mm/dd/yyyy)



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