Important information about this form:

- Fill out this form to request a partial or full withdrawal from your Maryland ABLE program account.
- We are required to file an IRS Form 1099-QA when you make a withdrawal from your ABLE account.
- You must wait 5 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.
- A Medallion Signature Guarantee is required for any withdrawals over $50,000 or any withdrawals to 3rd parties.
- 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.

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 mailing address on the account (Fill out Step 2, 3 and 6)
  There will be a 30-day hold period for check withdrawals if you recently changed the mailing address.
  Please note: There is a $2.50 fee for withdrawals issued via check.

  Who should we make the check out to?  ○ Beneficiary  ○ Authorized Legal Representative

- A check sent to a third party (Fill out Step 2, 3, 5, 6 and 7)
  Please note: There is a $2.50 fee for withdrawals issued by check.

Need help?
Give us a call Monday – Friday from 9am – 8pm 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
ABLE account information

Name of the Beneficiary on the ABLE account (First and last)

__________________________

Beneficiary’s Social Security or Taxpayer Identification Number

__________________________

Maryland ABLE account number

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  Only check this if you want to close your Maryland ABLE account once all the funds are withdrawn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.

$ __________________________

Withdrawal amount

Bank account information — If applicable

Only complete if you 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:

Routing Number

Account Number

1000
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 Maryland ABLE Program Disclosure Booklet and understand the rules and regulations governing withdrawals from my Maryland ABLE program account. I also certify that the information provided on this form is accurate and hereby instruct the Maryland ABLE program to distribute this withdrawal 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 that 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 Program Manager or its designee to withdraw funds according to the instructions above.

__________________________
Signature of Beneficiary or Authorized Legal Representative

__________________________
Date (mm/dd/yyyy)
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. You may be required to provide proof of your authority to act on behalf of the ABLE account.

• 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 Program 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