

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.

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

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

2 Instructions

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

- Stop all monthly contributions to this account (skip to **Step 5**)
- Change all monthly contributions to this account (complete **Steps 3,4, and 5**)
- Create a new monthly contribution to this account (complete **Steps 3,4, and 5**)

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

3 Monthly contribution setup

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. **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. **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 your contribution on the 1st of every month **Total contribution amount**

5 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:
 - 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.*
 - 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)

* 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. 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.