

Important information about this form:

- Fill out this form to setup, remove, or replace recurring monthly withdrawals 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.
- We are required to file an IRS Form 1099-QA when you make a withdrawal from your account.
- Withdrawals may have tax consequences depending on how the distribution is used. You should consult your tax advisor.
- A notarization acknowledgement is required for any withdrawals over \$50,000 or any withdrawals to 3rd parties (**Step 9**).
- Keep any receipts for eligible expenses once the money from this account is used.
- 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
PO 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 Maryland 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

2 Instructions

- ☐ Stop all monthly withdrawals from this account (skip to **Step 8**)
- ☐ Replace all monthly withdrawals from this account (continue to **Step 3**)
- ☐ Create a new monthly withdrawal from this account (continue to **Step 3**)

3 Monthly withdrawal setup

Withdrawal Day (1 – 28)*

If you don't pick a date, we'll automatically deduct your withdrawal on the 1st of every month.

4 Choose the type of withdrawal

☐ Direct deposit into the bank account connected to this account (Fill out **Step 5 and 7**)
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 10-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 7**)
There will be a 15-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 **Steps 6, 7, 8, and 9**)
Please note: There is a \$2.50 fee for withdrawals issued by check.

* A note on when withdrawals will be deducted from your account: If the Withdrawal Day you've selected falls on a regular business day, your withdrawal will be deducted from your account two business days prior to the Withdrawal Day. If the Withdrawal Day you've selected falls on a weekend or a holiday, the withdrawal will be deducted from your account on the next Business Day. The withdrawn amount should reach your bank account within 2–5 business days.

5 Select an investment withdrawal option

You can view your portfolio selections online at any time or change your investment strategy up to twice per calendar year.

There are five 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.

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

Choose withdrawal amount (Please select at least one)

ABLE Conservative

A portfolio of mutual funds intended to produce an overall investment exposure of approximately 20% stocks and 80% bonds.

\$ _____ , _____ . _____
Amount

ABLE Moderate

A portfolio of mutual funds intended to produce an overall investment exposure of approximately 50% stocks and 50% bonds.

\$ _____ , _____ . _____
Amount

ABLE Aggressive

A portfolio of mutual funds intended to produce an overall investment exposure of approximately 84% stocks and 16% bonds.

\$ _____ , _____ . _____
Amount

ABLE Fixed Income

A portfolio of mutual funds intended to produce an overall investment exposure of 100% bonds

\$ _____ , _____ . _____
Amount

Cash Option

This fund offers FDIC insurance protection for amounts contributed up to FDIC-permitted limits.

\$ _____ , _____ . _____
Amount

\$ _____ , _____ . _____
Total withdrawal amount

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

6 Bank account information

Attach a voided check or copy of your bank statement showing the name, address, last 4 digits of the account number and complete the bank information below. (Please do not staple, use a paper clip for the check).

What type of documentation are you including to verify this bank 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.

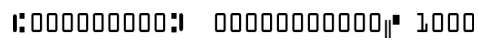
Bank name

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

7 Third-party information

Payable to

Contact name

Memo line

Mailing address

Street address 1

Street address 2

City

State

ZIP Code

8 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 withdrawals from this account, or Replace all monthly withdrawals from this account:
 - I understand that all currently active monthly withdrawals from 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 withdrawal from this account, or Replace all monthly withdrawals from this account:
 - I understand this authorizes the Plan to initiate recurring withdrawals from my account and to either: (i) make recurring deposits to my bank account; (ii) send checks to my address; or (iii) send checks to a third party on the Withdrawal Day each month for the total withdrawal amount.*
 - I understand that if there is not enough money in my account to complete the recurring withdrawal or if the withdrawal amount is greater than 95% of my account balance, it will fail.
 - I may cancel these recurring monthly withdrawals by using this form.

Signature of Beneficiary or Authorized Legal Representative

Date (mm/dd/yyyy)

* A note on when withdrawals will be deducted from your account: If the Withdrawal Day you've selected falls on a regular business day, your withdrawal will be deducted from your account two business days prior to the Withdrawal Day. If the Withdrawal Day you've selected falls on a weekend or a holiday, the withdrawal will be deducted from your account on the next Business Day. The withdrawn amount should reach your bank account within 2–5 business days.

9 Notarization acknowledgement

Keep in mind that:

- You're providing the following information as underwritten certification that your signature is genuine.
- 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 a notary public or other officer providing notarization.

The undersigned has read the foregoing in its entirety before signing. IN WITNESS WHEREOF, I have hereunto

set my hand this _____ day of _____, 20_____.
 Day (#) Month Year

 Signature of Beneficiary or Authorized Legal Representative

State of Maryland, County of _____

This instrument was acknowledged before me

☐ physical presence ☐ online notarization

on _____
 Date (mm/dd/yyyy)

by _____
 Name of person (First and last)

My term expires: _____
 Date (mm/dd/yyyy)

Notary Public (Seal)

 Signature of Notary Public