



Important information about this form:

- Fill out this form to contribute money to a Washington State ABLE Savings Plan account with a check.
- You may only contribute to an existing account. Use an **Enrollment Form** (or sign up online at www.WashingtonStateABLE.com) if you don't have an account.
- Include a check with the amount you'd like to add and make it payable to Washington State ABLE Savings Plan.
- ABLE accounts are subject to a Maximum Annual Contribution Limit. See the Plan Disclosure Booklet for the current limit.
- If you're making an ABLE to Work contribution, you may contribute an amount equal to the Beneficiary's gross income, up to the current limit (see Program Disclosure Booklet for current limits), 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 PT at **1-844-600-2253**

Individuals with speech or hearing disabilities may dial 711 to access Telecommunications Relay Service (TRS) from a telephone or TTY.

Mail the form to: Washington State ABLE Savings Plan
P.O. Box 534431
Pittsburgh, PA 15253- 4431

Overnight Mail:
Washington State ABLE Savings Plan
Attention: 534431
500 Ross Street, 154-0520
Pittsburgh, PA 15262

Fax:
833-286-8171

1 ABLE account information

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

____ - ____ - ____ - ____ - ____
Beneficiary's Social Security or **Taxpayer Identification Number**

____ - ____ - ____ - ____ - ____
Washington State ABLE Savings Plan account number



2 Select Investment Option

There are four investment 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. Contributions must be made by the Beneficiary or the Authorized Legal Representative.

You can include a check made out to Washington State ABLE. You can select as many portfolios you want to invest your contributions. You can view your portfolio selections at any time or change your investment strategy up to twice per calendar year.

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

How do you want to invest? (Please select one)

ABLE Conservative

A predesigned diversified option with a mix of stocks and bonds for a more conservative risk profile.

\$ _____ , _____ . _____
Amount (per pay period)

ABLE Moderate

A predesigned diversified option with a mix of stocks and bonds for a more moderate risk profile.

\$ _____ , _____ . _____
Amount (per pay period)

ABLE Aggressive

A predesigned diversified option with a mix of stocks and bonds for a more aggressive risk profile.

\$ _____ , _____ . _____
Amount (per pay period)

Cash Option

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

\$ _____ , _____ . _____
Amount (per pay period)

\$ _____ , _____ . _____
Total contribution amount

The investment information on this page has been provided by Sellwood Consulting, the investment advisor for the Washington State ABLE Savings Plan.



3 Contribution Type

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 Booklet for the current limit.
- ABLE to Work contribution**
If the Beneficiary is earning wages, they may contribute an amount equal to their gross income, up to the current limit (see Program Disclosure Booklet for current limits) 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 the current limit (see Program Disclosure Booklet for current limits).
- 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)