



Important information about this form:

- Fill out this form to change the investment option on your Washington State ABLE Savings Plan.
- You can only make two investment changes per calendar year. All investment strategy changes submitted at the same time would be counted as one strategy change.
- When you transfer money FROM an investment option, there is a \$5 withdrawal minimum. Unless you decide to withdraw all the funds from a portfolio, you can withdraw up to 95% of the portfolio's balance.
- To make this change we'll have to sell the current investment and buy the new election; this process should take up to 5 business days.

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 Investment change instructions

These changes apply only to the assets currently in your account. In the "Reallocate funds FROM" section, please indicate the investment option with the corresponding dollar amount from which you are reallocating assets. In the "Reallocate funds TO" section, please indicate the investment option with the corresponding amount to which you are reallocating assets. If you'd like to complete reallocations from more than 3 portfolios, please submit multiple copies of this page of this form. All reallocations will be processed together and will only count as one investment change.

Please read the Washington State ABLE Savings Plan **Program Description & Participation Agreement** for important information about the cash and investment options before making a decision.

Reallocation #1:

A Move funds FROM the following option:

Portfolio name

Select one:

Partial Amount

Liquidate this portfolio in full

\$ _____ , _____ . _____

B Move funds TO the following option(s):

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

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

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

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

\$ _____ , _____ . _____
Total Contribution Amount



Reallocation #2

A Move funds FROM the following option:

Portfolio name

Select one: Partial Amount

Liquidate this portfolio in full

\$ _____ , _____ . _____

B Move funds TO the following option(s):

ABLE Conservative

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

ABLE Moderate

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

ABLE Aggressive

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

Cash Fund

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

\$ _____ , _____ . _____
Total Contribution Amount



Reallocation #3

A Move funds FROM the following option:

Portfolio name

Select one:

Partial Amount

Liquidate this portfolio in full

\$ _____ , _____ . _____

B Move funds TO the following option(s):

ABLE Conservative

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

ABLE Moderate

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

ABLE Aggressive

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

Cash Fund

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

\$ _____ , _____ . _____
Total Contribution Amount



5 Sign the form

By signing below, I am agreeing to the terms and conditions set forth below and in the Participation, Agreement contained in the **Plan Disclosure**. I understand and agree that those documents govern all aspects of this Account and are incorporated herein by reference.

I certify that all the information provided by me on this form is, and all information provided by me in the future will be, true, complete and correct and I authorize the Plan to open this Account based upon this information.

Signature of Beneficiary or Authorized Legal Representative

__ __ / __ __ / __ __ __ __
Date (mm/dd/yyyy)

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