



Important information about this form:

- Fill out this form to setup, remove, or replace recurring monthly withdrawals from your Washington State ABLE Savings Plan account.
- You must have an open account to use this form. If you need to sign up, go online to www.WashingtonStateABLE.com 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 (See Step 8).
- 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 – 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 Instructions

- Stop all monthly withdrawals from this account (skip to **Step 7**)
- Change all monthly withdrawals from this account (complete **Steps 3,4, and 7**)
- Create a new monthly withdrawal from this account (complete **Steps 3,4, and 7**)



3 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 **Step 6, 7** and **8**)
Please note: There is a \$2.50 fee for withdrawals issued by check.



4 Monthly withdrawal setup

Tell us how much you want to withdraw from your account each month. There is a \$5 minimum withdrawal from each portfolio you select.

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)

Withdrawal day (1-28)*

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

\$ _____ , _____ . _____
Total withdrawal amount

* 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 the same 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 Bank account information

Attach a voided check or copy of your bank statement showing the name, address, 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:

A000000000 A 0000000000000000 c 1000

Routing
Number

Account
Number



6 Third-party information

Payable to

Contact name

Memo line

Mailing Address

Street address 1

Street address 2

City

State

____ - ____ - ____
Zip Code



7 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 Program to initiate recurring withdrawals from my ABLE United 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 90% 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)



8 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 Washington, County of _____

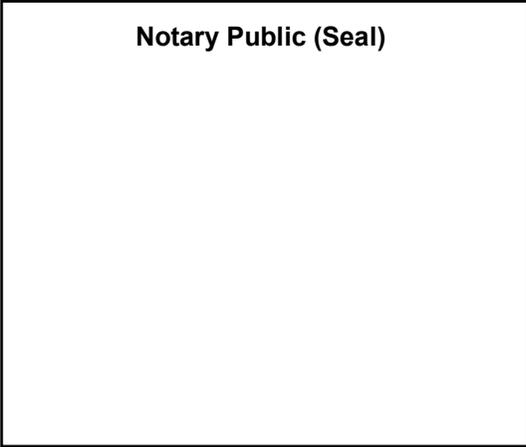
This instrument was acknowledged before me

physical presence or online notarization

on ____ / ____ / ____
Date (mm/dd/yyyy)

by _____

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



Signature of Notary Public