



Important information about this form:

- Fill out this form to request a partial or full withdrawal from your Washington State ABLE Savings Plan account.
- We are required to file an IRS Form 1099-QA when you make a withdrawal from your ABLE account.
- You must wait 5 days before you can withdraw a contribution made by bank ACH or check.
- If you recently changed your banking information, there will be a 10-day hold period for check withdrawals. If you recently updated your address, there will be a 15-day hold period for check withdrawals. With a notarization acknowledgement (**Step 7** of this form) you can bypass the hold periods.
- A notarization acknowledgement is required any withdrawals over \$50,000 or any withdrawals to 3rd parties (**Step 7** of this form).
- Keep any receipts for eligible expenses once the money from this account is used.

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 Choose the type of withdrawal

Direct deposit into the bank account connected to this account (Fill out **Step 3, 4, and 6**)
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 **Steps 4 and 6**)
There will be a 10-day hold period for check withdrawals if you recently changed the mailing address.

Who should we make the check out to? Beneficiary Authorized Legal Representative

A check sent to a third party (Fill out Step 4, 5 and 6)

3 Bank account information — If applicable

Only complete if you selected direct deposit in **Step 2**.

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 Account
Number Number



4 Withdrawal amount

- Full balance**
The entire amount in both the cash and investment options in the account
- Close this account**
Only check this if you want to close your Washington State ABLE Savings Plan once all the funds are withdrawn
- A partial amount**
Select below from which portfolio(s) you want to withdraw from and specify an amount.

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 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**.

ABLE Conservative

\$ _____ , _____ . _____
Amount

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

ABLE Moderate

\$ _____ , _____ . _____
Amount

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

ABLE Aggressive

\$ _____ , _____ . _____
Amount

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

Cash Option

\$ _____ , _____ . _____
Amount

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

\$ _____ , _____ . _____
Total withdrawal amount



5 Third-party information

Payable to

Contact name

Memo line

Mailing Address

Street address 1

Street address 2

City

____ - _____
State Zip Code



6 Sign the form

- I certify that I have read, understand, consent, and agree to all terms and conditions of the **Washington State ABLE Savings Plan Disclosure** and understand the rules and regulations governing withdrawals from my Washington State ABLE Savings Plan account. I also certify that the information provided on this form is accurate and hereby instruct the Washington State ABLE Savings Plan to distribute this withdrawal as I have indicated.
- I understand that the earnings portion of non-qualified withdrawals is subject to federal and state income tax and an additional 10% federal tax. I also understand that I am responsible for reporting the withdrawal on my income tax returns for the tax year that the non-qualified withdrawal was made.
- I understand that if I took a state income tax deduction or credit on my state income taxes, I would need to check with my home state to determine if my deduction or credit is subject to recapture.
- If I am an Authorized Legal Representative, I certify that I am authorized to act on the Beneficiary's behalf in making this request and that this request is in the best interest of the Beneficiary.
- By signing below, I authorize the Plan Manager or its designee to withdraw funds according to the instructions above.

Signature of Beneficiary or Authorized Legal Representative

___/___/_____
Date (mm/dd/yyyy)



7 Notarization acknowledgement (if applicable)

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)

Notary Public (Seal)

Signature of Notary Public