



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 9892
Providence, RI 02940-8092

Overnight Mail:

Washington State ABLE
Savings Plan
4400 Computer Drive
Westborough, MA 01581

1 ABLE account information

Name of the 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 “Move funds FROM” section, please indicate the investment option with the corresponding dollar amount from which you are reallocating assets. In the “Move 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 ALE Savings **Plan Disclosure** 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:

ABLE Conservative

\$ _____ , _____ . _____
Amount

ABLE Moderate

\$ _____ , _____ . _____
Amount

ABLE Aggressive

\$ _____ , _____ . _____
Amount

Cash Fund

\$ _____ , _____ . _____
Amount

\$ _____ , _____ . _____
Total monthly contribution amount

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



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:

ABLE Conservative

\$ _____ , _____ . _____
Amount

ABLE Moderate

\$ _____ , _____ . _____
Amount

ABLE Aggressive

\$ _____ , _____ . _____
Amount

Cash Fund

\$ _____ , _____ . _____
Amount

\$ _____ , _____ . _____
Total monthly 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:

ABLE Conservative

\$ _____ , _____ . _____
Amount

ABLE Moderate

\$ _____ , _____ . _____
Amount

ABLE Aggressive

\$ _____ , _____ . _____
Amount

Cash Fund

\$ _____ , _____ . _____
Amount

\$ _____ , _____ . _____
Total monthly contribution amount



3 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 of 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 change my investment options based upon this information.

Signature of Beneficiary or Authorized Legal Representative

Date (mm/dd/yyyy)

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