



Enable Savings Plan Alabama Allow Additional Contributions by an Employed Account Owner Form

- Use this form to authorize us to increase your Annual Contribution Limit pursuant to the Tax Cuts and Jobs Act of 2017 because the Account Owner is employed and has not contributed to a defined contribution plan, an annuity contract or a deferred compensation plan this year.
- Clearly print all required information.
- Type or print clearly, printing in capital letters and black ink. Please mail the form to the Plan. Do not staple.
- You are responsible for ensuring you do not exceed any applicable account limits, even if your Account receives contributions from sources other than you.
- You are responsible for notifying us if you are no longer eligible to make additional contributions over the Annual Contribution Limit to your Account in the future, or if you move to a state with a different poverty level.
- Check with your tax advisor to determine if contributing over the Annual Contribution Limit is right for you.

Note: If you are sending this form with a contribution that would otherwise exceed your Annual Contribution Limit, your contribution will be invested according to the standing allocation instructions on file for your account at the time this form is received in good order.

Forms can be downloaded from our website at www.EnableAL.com, or you can call us to order any form—or request assistance in completing this form—at **1.866.833.7949** any business day from 8 a.m. to 8 p.m. Central Time.

866.833.7949
8 a.m. to 8 p.m. Central Time M-F

www.EnableAL.com

clientservices@enableal.com

Regular mailing address:
Enable Savings Plan Alabama
PO Box 30274
Omaha, NE 68103-1374

Overnight mailing address:
Enable Savings Plan Alabama
920 Main Street, Suite 900
Kansas City, MO 64105

1. Account information

—

Account Number (Include your account number on your check.)

Name of Account Owner (first, middle initial, last)

— —

Telephone Number



2. Signature — YOU MUST SIGN BELOW

- I hereby instruct Enable Savings Plan Alabama to allow me to contribute additional money to my Account in excess of the Annual Contribution Limit up to the lesser of (a) the compensation included in my (Account Owner) gross income for the taxable year, or (b) the federal poverty line for a one-person household as determined for the calendar year preceding the calendar year in which the taxable year begins in my state of residence (the "Additional Annual Contribution Limit").
- I certify that I am a paid employee (including an "employee" within the meaning of Internal Revenue Code ("IRC") section 401(c)) with respect to whom: (i) no contribution is or has been made for the taxable year to a defined contribution plan (within the meaning of IRC section 414(i)) with respect to which the requirements of IRC section 401(a) or 403(a) are met, (ii) no contribution is or has been made for the taxable year to an annuity contract described in IRC section 403(b), and (iii) no contribution is or has been made for the taxable year to an eligible deferred compensation plan described in IRC section 457(b). As such, I certify that I am permitted to make contributions to my Account in excess of the normal Annual Contribution Limit, up to the lesser of (1) the Account Owner's compensation (as defined by IRC section 219(f)(1)) includible in the Account Owner's gross income for the taxable year, or (2) an amount equal to the Federal Poverty Level for a one-person household as determined for the preceding taxable year ("Personal Additional Annual Contribution Limit").
- I understand that it is the sole responsibility of the Account Owner or the Authorized Individual to ensure that the Account does not exceed the Annual Contribution Limit, the Additional Annual Contribution Limit, or the Personal Additional Annual Contribution Limit, if applicable. I understand that the Account Owner or Authorized Individual is solely responsible for ensuring the Account does not exceed the above referenced limits, even if some contributions come from sources other than the Account Owner or Authorized Individual. The Enable Savings Plan, the Trust, the State of Nebraska, the Nebraska State Treasurer, the Nebraska Investment Council, or any of their authorized agents or affiliates, or the Program Manager or its authorized agents or any of their affiliates (collectively, "Enable Associated Persons") will not be responsible for any adverse tax or means-tested benefit consequences or other loss, damage, or expense incurred in connection with rejected contributions, contributions in excess of any applicable contribution limit, or the return of excess contributions. Excess Contributions applied to an Account and not returned to the Contributor on or before the due date (including extensions) of the Account Owner's income tax return for the year in which the Excess Contributions were made will result in the imposition on the Account Owner of a six percent (6%) excise tax on the amount of Excess Contributions.
- I understand that my Personal Additional Annual Contribution Limit may be lower than the Additional Annual Contribution Limit if my compensation is lower than the poverty line for the prior year in my state of residence. I certify that the Account Owner or Authorized Individual will notify Enable Savings Plan Alabama if the Account Owner is no longer eligible to make additional contributions in excess of the Annual Contribution Limit or if the Account Owner moves to a state with a different poverty line. I understand that Enable Savings Plan Alabama will not adjust the Personal Additional Annual Contribution Limit without such notice, which could result in the Account Owner making contributions in excess of an applicable contribution limit.
- All information provided by me is true and correct and may be relied upon by the Enable Savings Plan Alabama.

SIGNATURE

Signature of Account Owner or Authorized Individual

□□ — □□ — □□□□

Date (mm/dd/yyyy)

SIGNATURE

Signature of Co-guardian or Co-conservator (Only if applicable)

□□ — □□ — □□□□

Date (mm/dd/yyyy)

The State of Alabama, through the ABLE Program Board, contracted with the Nebraska State Treasurer to participate in and create Enable Savings Plan Alabama ("Enable Alabama") as part of the Trust.

The Nebraska Achieving a Better Life Experience Program Trust, Issuer. **Alabama**, Participating State. **Nebraska State Treasurer**, Trustee. **Nebraska Investment Council**, Investment Oversight. **First National Bank of Omaha**, Program Manager. **First National Capital Markets Inc.**, Distributor, Member FINRA, SIPC. First National Capital Markets and First National Bank of Omaha are affiliates.



ALABAMA STATE TREASURER

1 First National Bank
Omaha

PROGRAM MANAGER