Enable Savings Plan Alabama

ENAPLES SAVINGS PLAN ALABAMA

Investment Option Change/Future Contribution Allocation Form

- Use this form to request your twice per calendar year Investment Option change or to change your future contribution allocations.
- Complete **Section 2** to change your current Investment Options to new Investment Options. (You can do this only twice per calendar year.)
- Complete **Section 3** to change your allocation instructions for future contributions.
- Complete **Section 4** if you select the Checking Option as an "Exchange To" Investment Option in Section 2 or if you are allocating future contributions to the Checking Option in Section 3 and you have not previously invested in the Checking Option.
- Type in your information and print out the completed form, or print clearly, preferably in capital letters and black ink. Mail the form to the address listed.
 Do not staple.

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.



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

Telephone Number (In case we have a question about your account.)

2. Investment Option Change

- For each Investment Option you wish to change, indicate the percentage of assets you want moved and where you want the assets invested.
- See Enable Savings Plan Alabama Program Disclosure Statement, available at **www.EnableAL.com**, for complete information on Investment Options.

Remember: Federal law allows Account Owners to make two Investment Option changes each calendar year.

Note: This change applies only to the assets currently held in your account; it will not affect the allocation of your future investments.

| Exchange FROM | | | Investment Option | Exchange TO | |
|---------------|----|------------|---------------------|--|--|
| All | | Percentage | | | |
| | OR | <u></u> % | Growth Option | <u> </u> | |
| | OR | % | Moderate Option | | |
| | OR | <u> </u> | Conservative Option | % | |
| | OR | <u> </u> | Bank Savings Option | % | |
| | OR | <u></u> % | *Checking Option | <u> </u> | |
| | | | | 100% | |

Co-guardians or co-conservators who must act jointly cannot invest in the Checking Investment Option.

3. Allocation instructions for future contributions

- Whether or not you made an investment change in Section 2, if you want to change how future contributions are allocated to your Investment Options, indicate the new allocations below.
- If you have added additional Investment Options in **Section 2**, please be sure that the allocations below reflect the correct Investment Options for your future contributions.
- Your future contributions will not affect assets currently held in your account.

| Growth Option | |
|---------------------|---------|
| Moderate Option | |
| Conservative Option | % |
| Bank Savings Option | |
| *Checking Option | |
| | 1 0 0 % |

Co-guardians or co-conservators who must act jointly cannot invest in the Checking Investment Option.

^{*}If you selected the Checking Option as an Exchange To option and you have not previously invested in the Checking Option you must also complete **Section 4** of this form.

^{*}If you selected the Checking Option as a Future Allocation and you have not previously invested in the Checking Option you must also complete **Section 4** of this form.

4. Checking Option Information (only to be completed if you select the Checking Option in Section 2 or 3 and you do not currently or have not previously invested in the Checking Option.)

*Important Information about the Checking Option:

- You will receive a free debit card within 10 days after the Checking Option is funded and you have the option to order checks for a nominal fee.
- Account Owner information must be completed in **Section 4A**.
- If the Account Owner is a minor or if there is an Authorized Individual on the account, please also complete Section 4B.

(optional) Please send me a check book that contains 50 checks. A fee of \$6.00 will be assessed to the Checking Option. The check book will be shipped when the balance of the Checking Option is at least \$25.00.

Information in **Sections 4A** and **4B** is required to help the government prevent the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who selects the Checking Option. This means at the time you select the Checking Option we will ask for your name, address, date of birth, and other information that will allow us to identify you.

| 4A. | Account Owner's identity verification. All the fields require a response. |
|-----|---|
| | Account Owner's driver's license or state-issued I.D. card number (7-15 digits) State Expiration date (mm/dd/yyyy) |
| | Is this a driver's license or state-issued I.D. card? Please check one: |
| | Account Owner's mother's maiden name |
| 4B. | Authorized Individual identity verification. (Only if applicable). All the fields require a response. |
| | Authorized Individual's driver's license or state-issued I.D. card number (7-15 digits) State Expiration date (mm/dd/yyyy) |
| | Is this a driver's license or state-issued I.D. card? Please check one: |
| | Authorized Individual's mother's maiden name |

5. Signature — YOU MUST SIGN BELOW

- I certify that I have read, understand, consent, and agree to all the terms and conditions of the Program Disclosure Statement and understand the rules and regulations of Enable Savings Plan Alabama as they relate to this Investment Option Change/Future Contribution Allocation request.
- By signing below, I authorize the Program Manager or its designees to change my Investment Options and/or my allocations for future contributions according to the instructions above.
- If I am selecting the Checking Investment Option, I hereby acknowledge that I have received, read, and that by signing this form, agree to the Checking Investment Option Terms and Conditions.
- If I am an Authorized Individual, I certify that I am authorized to act on the Account Owner's behalf in making this request and that the request is in the best interest of the Account Owner.

| SIGNATURE Signature of Account Owner or Authorized Individual | |
|---|--|
| SIGNATURE Signature of co-guardian or co-conservator (Only if applicable) | |

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. 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.



