

Enable Savings Plan Alabama

Payroll Direct Deposit

- Use this form to start, change, or stop payroll direct deposit instructions on your
 existing Enable Savings Plan Alabama Account. You may also provide your payroll
 direct deposit instructions when you log on to our website at www.EnableAL.com.
 (If you have not established an account, you must also complete and enclose an
 Enrollment Form.)
- After this form is processed you will receive a Payroll Direct Deposit Confirmation
 Form, which you must sign and submit to your employer's payroll department.
 Your payroll direct deposit instructions will not take effect until your employer has accepted your signed form.
- 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.

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

Kansas City, MO 64105

Account Owner information		
Account Number		
Name of Account Owner (first, middle initial, last)		
Telephone Number (In case we have a question about your account.)		
Employer information		
Name of Employer		
Address		
City	State	Zin Codo
City	State	Zip Code
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3. Payroll Direct Deposit instructions

Check one:
Start Payroll Direct Deposits
Change the Amount the Account Will Recieve
Stop Payroll Direct Deposits (Skip to Section 4)
My payroll direct deposit will be \$
Signature — YOU MUST SIGN BELOW
I certify that I have read and understand, consent, and agree to all the terms and conditions of Enable Savings Plan Alabama Program Disclosure Statement and understand the rules and regulations governing Enable Savings Plan Alabama. Further, I understand that neither Enable Savings Plan Alabama, The Nebraska Achieving a Better Life Experience Program Trust, the State of Alabama, the State of Nebraska, the Alabama State Treasurer, the Nebraska State Treasurer, the Nebraska Investment Council First National Bank of Omaha, or their agents or affiliates are responsible for any claims I may make and/or losses resulting from my employer's failure to time and accurately process my contributions via payroll direct deposit.
SIGNATURE Signature of Account Owner or Authorized Individual Date (mm/dd/yyyy)
SIGNATURE

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.

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

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.



Date (mm/dd/yyyy)

