



Enable Savings Plan Alabama Withdrawal Request Form

- Use this form to request a full or partial withdrawal from your Enable Savings Plan Alabama account. For withdrawals not used for Qualified Disability Expenses the earnings portion may be subject to federal and state income tax and an additional 10% federal tax. See Enable Savings Plan Alabama Program Disclosure Statement for more information.

Note: You can also request a withdrawal by telephone or online at www.EnableAL.com.

- We are required to file IRS Form 1099-QA if you take a withdrawal from your Enable Savings Plan Alabama account.
A recent contribution must be invested with Enable Savings Plan Alabama for a period of 5 business days prior to withdrawal. For contributions to the Checking Investment Option, the contribution will not be made available for withdrawal for 6 business days.
A withdrawal cannot be made for 10 business days after the Account Owner or address on the account has changed.
You are encouraged to retain receipts for expenses paid from your withdrawal.
Type or print clearly, printing in capital letters and black ink. Please mail the form to the Plan. 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

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

Account Owner Social Security or Taxpayer Identification Number (Required)

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

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



4. Signature — YOU MUST SIGN BELOW

- I certify that I have read, understand, consent, and agree to all terms and conditions of the Program Disclosure Statement and understand the rules and regulations governing withdrawals from my Enable Savings Plan Alabama account. I also certify that the information provided on this form is accurate and hereby instruct Enable Savings Plan Alabama to distribute my account as I have indicated.
- By signing below, I authorize the Program Manager or its designees to withdraw funds according to the instructions above. I understand that if I have changed my address or the Account Owner, I cannot withdraw funds for 10 business days after the change.
- 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 the Non-Qualified Withdrawal was made.
- I understand that if I had taken a state income tax deduction or credit on my state income taxes I will need to check with my home state to determine if my deduction or credit is subject to recapture.
- 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 this request is in the best interest of the Account Owner.

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 ABLÉ 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.



ALABAMA STATE TREASURER

1 First National Bank
Omaha

PROGRAM MANAGER

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