



- Forms can be downloaded from our website at **www.EnableSavings.com**, or you can call us to order any form—or request assistance in completing this form—at **1.844.362.2534** any business day from 8 a.m. to 8 p.m. Central Time.

**Enable Savings Plan**  
**1001 E 101st Terrace, Suite 200**  
**Kansas City, MO 64131**

## Telephone Number



## 2. Signature — YOU MUST SIGN BELOW

- I hereby instruct Enable Savings Plan to allow me to contribute additional money to my Account in excess of the Annual Contribution Limit up to 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 (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 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 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.

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)

