



Enable Savings Plan Enrollment Form

IMPORTANT INFORMATION ABOUT OPENING A NEW ACCOUNT.

We are required by federal law to obtain from each person who opens an account certain personal information—including name, street address, and date of birth, among other information—that will be used to verify their identity. If you do not provide us with this information, we will not be able to open your account. If we are unable to verify your identity, we reserve the right to close your account or take other steps we deem reasonable.

- Use this form to open an account.
- An individual can only have one ABLÉ account nationwide.
- The account can only be opened for an Eligible Individual.
- Before investing, you should check with your home state to determine if it offers tax or other benefits for investing in its own plan.
- You must provide all information except where indicated as optional.
- Type or print clearly, printing in capital letters and black ink. Please mail the form to the Plan. Do not staple.
- You can enroll online at www.EnableSavings.com.

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.



844.ENABLE4
844.362.2534

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



www.EnableSavings.com



clientservices@EnableSavings.com

Regular mailing address:

Enable Savings Plan
PO Box 30275
Omaha, NE 68103-1375

Overnight mailing address:

Enable Savings Plan
920 Main Street, Suite 900
Kansas City, MO 64105

1. Account type

I am opening an Enable Savings Plan account. *(Please select one of the three.)*

- I am opening the account for myself. At a minimum, please complete **Sections 2, 5, 6 and 9** of this form.
- I am the Parent or Guardian of the minor Account Owner. At a minimum, please complete **Sections 2, 3, 5, 6 and 9** of this form.
- I am the Authorized Individual (*guardian, conservator or power of attorney*) of the Account Owner. At a minimum, please complete **Sections 2, 3, 5, 6 and 9** of this form. **Important: You must enclose the appropriate authorizing documentation (Example: guardianship, conservator, court document or other legal document) to verify your authority to open, transact and maintain an account on the behalf of the Account Owner.**

Please note: If an Authorized Individual's legal document requires co-guardians or co-conservators to act jointly, a withdrawal can only be requested by mailing a Withdrawal Form to the Plan and assets in the account cannot be invested in the Checking Investment Option.

- As the Authorized Individual, I am enclosing the document authorizing me to act on the behalf of the Account Owner required to open this account. *(Please check box.)*

Please **DO NOT** submit a written disability-related diagnosis or any protected health information (PHI). If the Plan receives any PHI we will destroy it immediately using secure means.



* ENABLE SAVINGS ENROLL *

B. **Co-Authorized Individual** (Only if applicable – provide information for a co-guardian or co-conservator appointed in the guardian or conservator document.)

Responsible Individual's First Name (m.i.)

Responsible Individual's Last Name

Social Security or Taxpayer Identification Number (Required)

Birth Date (mm/dd/yyyy) (Required)

Citizenship (If other than U.S. citizen, please indicate country of citizenship.)

Check if address is the same as Account Owner, otherwise complete the following:

Permanent Street Address (P.O. boxes are not acceptable.)

City State Zip Code

Account Mailing Address if different from above (This address will be used as the account's address of record for all account mailings.)

City State Zip Code

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

Email Address

4. **Interested party information** (Optional)

Complete this section if you want to add an individual as an interested party to the account. An interested party will be able to call the Plan, receive information verbally about the account and receive quarterly statements. An interested party will not be allowed to make changes to the account or request transactions.

Name

Mailing Address

City State Zip Code

Telephone Number

Relationship to Account Owner.

Compliance Family Member Other

5. Investment Option selection

- Before choosing your Investment Option(s), please read the Program Disclosure Statement, available at www.EnableSavings.com for complete information.
- Please select one or more Investment Options from the choices below. If you choose one Investment Option please indicate 100% next to that option. If you choose more than one Investment Option please indicate the percentage amount of the contribution you would like invested into each of the selected Investment Options.
- Use whole percentages only.
- Your total Investment Option percentages must equal **100%**.

Growth Option	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
Moderate Option	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
Conservative Option	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
Bank Savings Option	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
*Checking Option	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
Total	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	%

*Co-guardians or co-conservators who must act jointly cannot invest in the Checking Investment Option. If you did not select the Checking Option please skip to **Section 6** now. If you selected the Checking Option please continue here and provide the information requested below:*

*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 5A**.
- If the Account Owner is a minor or if there is an Authorized Individual on the account, please also complete **Section 5B**.

(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.

6. Contribution Method

- Your initial contribution can come from several sources combined, but you must check at least one source. If you combine sources, check the appropriate box for each source and write in the contribution amount for each.
- Contributions by any source will not be available to withdraw for 5 business days. For contributions to the Checking Investment Option, the contribution will not be made available for withdrawal for 6 business days.
- There is a minimum initial contribution of \$50 to enroll in an Enable Savings Plan account. However, the minimum initial contribution is \$25 if you set up an Automatic Investment Plan or Payroll Deduction when you enroll.

Source of funds (Check all that apply.)

A. **Check.**

Important: All checks must be payable to the **Enable Savings Plan**.

\$, .

Amount

B. **Automatic Investment Plan (AIP).** You can have a set amount automatically transferred from a bank, savings and loan, or credit union account monthly or quarterly, or you can choose the months in which you would like your AIP to occur. Money will be transferred into your Enable Savings Plan account electronically based on the frequency indicated below. You may change the amount and/or frequency at any time by logging into your account at **www.EnableSavings.com** or by calling **1.844.362.2534**. Account Owners, family members, and friends can all contribute to an Enable Savings Plan account through AIP. To add additional AIP instructions or multiple bank accounts, attach a separate sheet with the information requested in **Sections 6B** and **7** for each additional AIP instruction or bank account.

Important: To set up this option, you must provide bank information in **Section 7**.

Annual Increase. You may increase your AIP contribution automatically on an annual basis. Your contribution will be adjusted each year in the month that you specify by the amount indicated.

Amount of increase: \$, .

Month:**

** The month in which your AIP contribution will be increased. The first increase will occur at the first instance of the month selected.

Amount of Debit: \$25 \$50 \$100 \$150 Other \$, .

Amount

Frequency (Check One):

Monthly

Quarterly
(Every three months.)

OR

Custom
(Check the months below that you would like your AIP to occur.)

January

February

March

April

May

June

July

August

September

October

November

December

Day of Month:*

*The Enable Savings Plan must receive instructions at least 3 business days prior to the day of the month specified; otherwise, debits from a bank account will begin the following month on the day specified. Please review your quarterly statements for details of these transactions. If the date is not specified, this AIP option will begin the month following the receipt of this request, on the 10th day of the month.

9. Signature — YOU MUST SIGN BELOW

- By signing below, I hereby acknowledge that I have received, read, and that by signing this form, agree to the terms and conditions of the Program Disclosure Statement which governs all aspects of this account and is incorporated herein by reference. I will retain a copy of the Program Disclosure Statement for my records.
- I certify under penalty of perjury that all of the information I have provided on this form is accurate and complete, including without limitation, the information regarding the Account Owner's disability and the Account Owner's status as an Eligible Individual. I certify, under penalties of perjury that I will promptly notify the Program Manager if changes in the Account Owner's condition would result in the Account Owner no longer qualifying as an Eligible Individual. I acknowledge and agree that I am bound by the terms, rights and responsibilities stated in the Program Disclosure Statement and this form, and by any and all statutory, administrative and operating procedures that govern the Enable Savings Plan. I understand that the Program Disclosure Statement, Enrollment Form and any subsequent forms signed by me constitute the entire agreement between me and The Nebraska Achieving a Better Life Experience Program Trust ("Trust"). No person is authorized to make an oral modification to this agreement.
- If the Account Owner is an Eligible Individual based on certification eligibility, I certify under penalty of perjury that the Account Owner (1) has a medically determinable physical or mental impairment, which results in marked or severe functional limitations, and which (i) can be expected to result in death or (ii) has lasted or can be expected to last for a continuous period of not less than 12 months; or (2) is blind (within the meaning of section 1614(a)(2) of the Social Security Act) and that such blindness or disability occurred before the date on which the individual attained age 26.
- I understand investments are not guaranteed or insured by the FDIC (except for the Bank Savings Investment Option and the Checking Investment Option) or any other government agency, and are not deposits or other obligations of any depository institution. Investments are not guaranteed or insured by 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") and are subject to investment risks including the loss of the principal amount invested.
- I understand that participation in the Enable Savings Plan does not guarantee that contributions and the investment return on contributions, if any, will be adequate to cover the Qualified Disability Expenses of the Account Owner.
- I intend to use the Account solely to pay Qualified Disability Expenses.
- 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 rolling over assets from another qualified ABLE program, by signing below I certify under penalties of perjury that there has not been a rollover for the benefit of the Account Owner during the prior 12-month period. I further understand that moving assets among investment options within the Enable Plan will count towards my permitted twice per calendar year Investment Option change limit.
- If I have chosen the AIP or EFT option, I authorize the Program Manager and its designees, upon telephone or online request, to pay amounts representing redemptions made by me or to secure payment of amounts invested by me, by initiating credit or debit entries to my account at the bank named in **Section 7**. I authorize the bank to accept any such credits or debits to my account without responsibility to their correctness. I acknowledge that the origination of ACH transactions involving my bank account must comply with U.S. law. I further agree that the Enable Associated Persons will not incur any loss, liability, cost, or expense for acting upon my telephone or online request. I understand that this authorization may be terminated by me at any time by notifying the Program Manager and the bank by telephone or in writing, and that the termination request will be effective as soon as the Program Manager and the bank have had a reasonable amount of time to act upon it. I certify that I have authority to transact on the bank account identified by me in **Section 7** or that the account owners of such bank account have authorized me to institute this AIP and/or EFT service from their account on their behalf.
- To the best of my knowledge, each contribution to my account will not cause (i) the annual contributions in the account to exceed the Annual Contribution Limit or (ii) the balance in the account to exceed the Account Balance Limit then in effect.
- If the Account Owner is a minor, I certify that under penalties of perjury I am of legal age in my state of residence, I am the parent, guardian or Authorized Individual of the account, I am authorized to open the account, I am not aware of any adverse claim of ownership or court order relating to this account, and I agree to hold harmless the Enable Associated Persons from any third party claims relating to my actions.
- If I am opening this account as an Authorized Individual on behalf of the Account Owner, I certify under penalties of perjury that I am the guardian, conservator, or other person named in a power of attorney authorized to open an account on the behalf of the Account Owner named in **Section 2** and I agree to hold harmless the Enable Associated Persons from any third party claims relating to my actions.

Signature (cont.)

If the legal document I submit to the Plan to open the account requires a co-guardian or co-conservator to act jointly, I acknowledge that a withdrawal can only be requested by mailing a Withdrawal Form to the Plan and assets in the account cannot be invested in the Checking Investment Option.

- I certify under penalties of perjury that no other qualified ABLÉ program account exists for the benefit of the Account Owner, except in the case of a rollover from another qualified ABLÉ program. If I am establishing this account through a rollover from an account in another qualified ABLÉ program, I agree to close the other account no later than the 60th day after the amount was distributed from the other qualified ABLÉ program account. I acknowledge that failure to do so will result in my account not being treated as a qualified ABLÉ program account. The consequences of an account not being treated as a qualified ABLÉ program account include loss of favorable tax treatment and could lead to loss of eligibility for resource-based benefits such as SSI.
- I agree to promptly inform the Program Manager in the event that any of the foregoing certifications becomes untrue. I understand and acknowledge that the Program Manager has the right to suspend or terminate the account and return the balance of the account (which withdrawal may be a Non-Qualified withdrawal) to the Account Owner, as applicable, if the Program Manager has reasonable grounds to believe that any of the foregoing certifications is untrue.
- If you have a guardian or conservator to manage or protect your assets, by signing below you are certifying that you have worked with that person before opening this account.

SIGNATURE

Signature of Account Owner (or Responsible Person listed in **Section 3A**)

□□ — □□ — □□□□

Date (mm/dd/yyyy)

SIGNATURE

Signature of co-guardian or co-conservator listed in **Section 3B** (Only if applicable)

□□ — □□ — □□□□

Date (mm/dd/yyyy)

10. Additional Information (Optional)**How did you hear about the Enable Savings Plan? (Select One.)**

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> Family/Friend | <input type="checkbox"/> Advisor |
| <input type="checkbox"/> Organization | <input type="checkbox"/> Ad |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Email |
| <input type="checkbox"/> School Event | <input type="checkbox"/> Magazine |
| <input type="checkbox"/> Enable Website | <input type="checkbox"/> Mailing |
| <input type="checkbox"/> Treasurer's Website | <input type="checkbox"/> Other |



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