



## 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 the Enable Savings Plan Program Disclosure Statement, available at [www.EnableSavings.com](http://www.EnableSavings.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
<i>All</i>			
<input type="checkbox"/>	<b>OR</b>	<i>Percentage</i>	
<input type="checkbox"/>	<b>OR</b>	<input type="checkbox"/> <input type="checkbox"/> %	Growth Option <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
<input type="checkbox"/>	<b>OR</b>	<input type="checkbox"/> <input type="checkbox"/> %	Moderate Option <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
<input type="checkbox"/>	<b>OR</b>	<input type="checkbox"/> <input type="checkbox"/> %	Conservative Option <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
<input type="checkbox"/>	<b>OR</b>	<input type="checkbox"/> <input type="checkbox"/> %	Bank Savings Option <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
<input type="checkbox"/>	<b>OR</b>	<input type="checkbox"/> <input type="checkbox"/> %	Checking Option* <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
			<b>1 0 0</b> %

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.

## 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	<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"/> %
<b>1 0 0</b> %	

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

\*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 the Terms and Conditions, *The ENABLE Savings Plan Checking Investment Option Pricing and Services at a Glance*, of your checking account within 7-10 days of account funding. These disclosures govern all aspects of this account. We recommend you retain a copy of the disclosures for your records.
- 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 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 Starter Pack Checkbook. A fee of \$6.00 will be deducted from the Checking Option. The checkbook 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:       Driver's license       I.D. card

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:       Driver's license       I.D. card

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 the Enable Savings Plan 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 (The ENABLE Savings Plan Checking Investment Option Pricing and Services at a Glance).
- 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

□□ — □□ — □□□□

Date (mm/dd/yyyy)

SIGNATURE

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

□□ — □□ — □□□□

Date (mm/dd/yyyy)

