



NY ABLE Savings Plan


Earned Income Contribution Certification

- Use this form to authorize NY ABLE Savings Plan to increase your Annual Contribution Limit if you earn income. ABLE Account Owners who are employed but who do not contribute to a defined contribution plan, annuity contract or deferred contribution plan may contribute more than the annual contribution limit.
- The amount of additional contributions allowed is equal to the Account Owner's compensation (as defined by Internal Revenue Code 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 in their state of residence as determined for the preceding taxable year ("Additional Annual Contribution Limit").
- You are responsible for ensuring that you do not exceed any account limits, even if your Account receives contributions from sources other than you.
- You are responsible for notifying us if you no longer qualify for an increased contribution limit due to a change in employment status.
- Check with your tax advisor to determine if increasing your Annual Contribution Limit is right for you.
- Capitalized terms not otherwise defined have the same meanings as the term used in the New York ABLE Savings Program Disclosure Booklet and Participation Agreement.
- Type or print clearly, printing in capital letters and black ink. Please mail the form to the Plan. Do not staple.

Note: If you are sending this form with a contribution that would otherwise exceed your Annual Contribution Limit, your contribution will be invested according to the standing allocation instructions on file for your account at the time this form is received in good order.

Annual Contribution Limit – the maximum amount of money that can be contributed to your account each year.

Additional Annual Contribution Limit – The additional amount of money that can be contributed to your account each year.

 **1.855.5NY.ABLE (1.855.569.2253)**
8 a.m. to 8 p.m. ET M-F
New York State Relay System:
711 or 800-662-1220

 www.MyNYABLE.org

 **clientservices@mynyable.org**

Regular mailing address:

NY ABLE
P.O. Box 55087
Boston, MA 02205

Overnight mailing address:

NY ABLE
95 Wells Ave, Suite 155
Newton, MA 02459

1. Account information

$$\begin{array}{|c|c|c|c|c|c|c|c|c|c|} \hline \square & \square & \square & \square & \square & \square & \square & \square & \square & \square \\ \hline \end{array} - \begin{array}{|c|c|} \hline \square & \square \\ \hline \end{array}$$

Account Number (Include your account number on your check.)

[illegible]

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

$$\boxed{}\boxed{}\boxed{} - \boxed{}\boxed{}\boxed{} - \boxed{}\boxed{}\boxed{}\boxed{}$$

Telephone Number



* NY ABLE TO WORK *

2. Signature — YOU MUST SIGN BELOW

- I hereby instruct NY ABLE to allow me to contribute additional money to my Account in excess of the Annual Contribution Limit up to the Additional Annual Contribution Limit or my earned income, whichever is less.
- I certify that the Account Owner is 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 the Account Owner is permitted to make contributions to his/her Account in excess of the Annual Contribution Limit, up to the 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 or the Additional Annual Contribution Limit, if applicable, even if some contributions come from sources other than the Account Owner or Authorized Individual. The Program Administrator 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 certify that the Account Owner or Authorized Individual will notify NY ABLE if the Account Owner is no longer eligible to make additional contributions in excess of the Annual Contribution Limit.
- All information provided by me is true and correct and may be relied upon by the Program Administrator.

SIGNATURE

Signature of Account Owner/Authorized Individual

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Date (mm/dd/yyyy)