

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 Plan 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 or if the Account Owner moves out of New York state.
- All information provided by me is true and correct and may be relied upon by the Plan Administrator.

SIGNATURE

Signature of Account Owner/Authorized Individual

□□ — □□ — □□□□

Date (mm/dd/yyyy)