

5. Bank information

- Complete this section if you are adding a recurring contribution or EFT to your account or if you are changing bank account information.
- Recurring contribution and EFT can be made only through accounts held by a U.S. bank, savings and loan association, or credit union that is a member of the Automated Clearing House (ACH) network. Money market mutual funds and cash management accounts offered through non-bank financial companies cannot be used.
- If you are changing or adding banking instructions there will be a 15 calendar day hold before a withdrawal request can be processed.

Important: By signing this Form, you agree and confirm that your ACH transactions will not involve the branches or offices of a bank or other financial services company located outside the territorial jurisdiction of the United States.

Bank Name

Bank Routing Number

Bank Account Number

Account Type: (Check One) Checking Savings

Note: The routing number is usually located in the bottom left corner of your checks. You can also ask your bank for the routing number.

Names on Bank Account

Name (first, middle initial, last)

Name (first, middle initial, last)

If you are not the account owner, the named account owner(s) must authorize this recurring contribution and/or EFT by signing here.

By signing below, I agree to the following:

I or the Account Owner have set up a recurring contribution or EFT, I authorize NY ABLE, and its designees, upon telephone or online request, to pay amounts representing withdrawals made by me or to secure payment of amounts invested by me, the Account Owner, or an individual authorized to act on behalf of the Account Owner, by initiating credit or debit entries to my account at the bank named in this Section 5 ("Bank Account"). I authorize the bank named in this **Section 5** ("Bank") to accept any such credits or debits to my Bank Account without responsibility to their correctness. I acknowledge that the origination of transactions involving my Bank Account must comply with U.S. law. I further agree that NY ABLE, the Program Manager or its authorized agents or any of their affiliates will not incur any loss, liability, cost, or expense for acting upon my request, or a request by the Account Owner or an individual authorized to act on behalf of the Account Owner, including in the event NY ABLE is unable to receive funds from the Bank Account for any reason, including due to insufficient funds in the Bank Account or incomplete or inaccurate information concerning the Bank Account. I understand that this authorization may be terminated by me at any time by notifying NY ABLE and the Bank by telephone or in writing, and that the termination request will be effective as soon as NY ABLE 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, and I confirm that the registration on the Bank Account meets the requirements set forth above. I acknowledge that NY ABLE, and its designees, if permitted by law, may collect from me or the Bank Account fees that may be associated with the failure to receive funds from the Bank Account.

Signature

Date (mm/dd/yyyy)

Signature

Date (mm/dd/yyyy)

8. Signature — YOU MUST SIGN BELOW

- I certify that I have read and understand, consent, and agree to all the terms and conditions of the NY ABLE Disclosure Booklet and Participation Agreement as they relate to adding, deleting, or changing financial features.
- By signing below, I authorize NY ABLE or its designee to add, delete, or change financial features according to the instructions above.
- If I have added or changed banking information in **Section 5**, I certify that I am listed as an Account Owner on the bank account so indicated or that the account owners of such bank account have authorized me to institute this recurring contribution and/or EFT service from their account on their behalf.
- If I am an Authorized Individual, I certify that I am authorized to act on the Account Owner’s behalf in making this request.
- If the account is owned by a minor, I certify that I am the Parent or Guardian of the Account Owner identified in **Section 1**.
- I certify that the information provided herein is true and complete in all respects. I understand that all changes made on this form supersede all my previous designations.
- If I have set up the recurring contribution or EFT, I authorize NY ABLE and its designees, upon telephone or online request, to pay amounts representing withdrawals 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 5**. 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 transactions involving my bank account must comply with U.S. law. I further agree that neither NY ABLE, nor its authorized agents or any of their affiliates will 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 NY ABLE and the bank by telephone or in writing, and that the termination request will be effective as soon as NY ABLE 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 5** or that the account owners of such bank account have authorized me to institute this recurring contribution and/or EFT service from their account on their behalf.

SIGNATURE

Signature of Account Owner, Parent/Guardian or Authorized Individual

□□ — □□ — □□□□

Date (mm/dd/yyyy)

SIGNATURE

Signature of Co-Authorized Individual (Only if applicable)

□□ — □□ — □□□□

Date (mm/dd/yyyy)