



# NY ABLE Savings Program Account Financial Features Form

- Use this form to add, change, or delete a recurring contribution, Electronic Funds Transfer (EFT), Systematic Withdrawal Program (SWP), Systematic Exchange Program, and banking information on your NY ABLE Account ("Account").
- There is an annual maximum contribution amount of \$19,000.
- Type or print clearly, printing in capital letters and black ink. Please mail the form to the Plan. Do not staple.

Forms can be downloaded from our website at **www.MyNYABLE.org**, or you can call us to order any form — or request assistance in completing this form — at **855.5NY.ABLE (855.569.2253)** any business day from 8 a.m. to 8 p.m. ET.

855.5NY.ABLE (855.56 8 a.m. to 8 p.m. ET M-F New York State Relay 711 or 800-662-1220	
www.MyNYABLE.org	
🔀 clientservices@mynya	ble.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.	Current Account Owner Information
	Account Number
	Name of Account Owner (first, middle initial, last)
	Telephone Number
2.	Features to add, update, or delete (Check all that apply.)
	Recurring contribution — Complete Section 3, 5 and 8
	Electronic Funds Transfer — Section 4, 5 and 8
	Bank information — Section 5 and 8
	Systematic Withdrawal Program — Section 6 and 8
	Systematic Exchange Program — Section 7 and 8



# . Recurring Contributions

- Complete this section to add, change, or delete recurring contributions from a bank.
- You can add, change, or delete recurring contributions by accessing your Account online at www.MyNYABLE.org.
- Account Owners and others can each contribute to their NY ABLE Account through recurring contribution. To add additional recurring contribution instructions or multiple bank accounts, complete and include **Section 3** and **Section 5** for each.
- Contributions by recurring contribution will be unavailable for withdrawal for 5 business days. For contributions to the Checking Investment Option, the contribution will not be made available for withdrawal for 6 business days.
- Your contribution will be allocated according to the existing allocation percentages.

You can transfer money from a bank account for deposit into your NY ABLE Account on a set schedule. (Check all that apply.)

	Add this option to the Account. (Provide the information below and in Section 5.)
	Change the investment amount, frequency, and/or debit date to what is indicated below. <b>Note:</b> <i>If you wish to skip a scheduled recurring contribution, please call</i> <b>855.5NY.ABLE (855.569.2253)</b> .
	Change the bank account information. (Provide the information in Section 5.)
	Delete this option. (You do not need to provide any additional information below.)
	Amount of Debit:         \$25         \$50         \$100         \$150         Other         \$_,         \$           Amount         Amount
	Frequency (Check One.):       Monthly       Quarterly       OR       Custom         (Every three months.)       (Check the months below that you would like your recurring contribution to occur.)
	January February March April May June
	July August September October December
	Day of Month:*
	*We must receive instructions at least 3 business days prior to the day of the month specified; otherwise, debits from the 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 option will begin the month following the receipt of this request, on the 15th day of the month.
	<b>Annual Increase.</b> You may increase your recurring 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: \$
	** The month in which your recurring contribution will be increased.
Ele	ectronic Funds Transfer (EFT)
Com	nplete this section to add, change, or delete the ability to make contributions using electronic funds transfer from a bank account into

Complete this section to add, change, or delete the ability to make contributions using electronic funds transfer from a bank account into your NY ABLE Account. We will keep your bank instructions on file for future EFT contributions. You can transfer funds from your bank account to your NY ABLE Account at any time by calling us, or by requesting a transfer online.

- You can add, change, or delete the ability to make EFT contributions by accessing your account online at www.MyNYABLE.org.
- Account Owners and others can each contribute to a NY ABLE Account through EFT. To add additional EFT instructions or multiple bank accounts, complete and include Section 4 and Section 5 for each.
- Contribution will be held for 5 business days before becoming available for withdrawal. (6 business days for checking option)
- · Your contribution will be allocated according to the existing allocation percentages.

Add

Delete

Change bank account information (*Provide the information in Section 5.*)

#### DO NOT STAPLE

## 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				
		Account Type:		
Bank Routing Number	Bank Account Number	(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**

ame (first, middle initial, last)	
ame (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 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 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 meets the requirements.

SIGNATURE	
Signature	
SIGNATURE	
Signature	

Date ( <i>mm/dd/yyyy</i> )	
Date (mm/dd/yyyy)	

## DO NOT STAPLE

## 6.

# Systematic Withdrawal Program (SWP) (Optional)

- Complete this section to establish periodic withdrawals from your NY ABLE Account.
- We are required to file IRS Form 1099-QA annually for withdrawals taken from your NY ABLE Account. You can have up to two SWPs on your Account.
- If the balance of the Investment Option is less than the SWP amount specified, the SWP instructions will be stopped.

**Important:** Your withdrawal will be held if a contribution is not on deposit for 5 business days (6 business days for checking option) or 10 business days if the address to which you have requested the withdrawal to be sent has changed. The withdrawal will be released when the specified waiting period has been satisfied.

#### A. Activate the SWP for my NY ABLE Account.

Frequency (Check One.):	Monthly	Quarterly	Semi-Annually	Annually
Start Date:*	Date (mm/dd/yyyy)			
End Date (Optional):	Date (mm/dd/yyyy)			

\*The first systematic withdrawal will occur on the start date indicated above if received within 3 business days of that date; otherwise, the systematic withdrawal will begin the following month. The withdrawal date may occur from the first day of a given month through day 28 of that month. If the date falls on a weekend or holiday, it will be processed on the following business day.

#### I authorize NY ABLE to withdraw from the following Investment Option(s)

Investment Option	\$ Dollar Amount	
Investment Option	\$,Dollar Amount	
Investment Option	\$,	

### **B. SWP Recipient.**

Account Owner (Address on record.)
Bank Account on File
Brd Party
Payable To
Contact Name
Aailing Address
Sity State Zip Code

#### DO NOT STAPLE

## 7. Systematic Exchange Program (Optional)

The Systematic Exchange Program is a method of automatically moving money from one Investment Option to another Investment Option. (*This can be a useful tool in the event you desire to pay for recurring expenses from the Checking Option.*)

- When setting up a Systematic Exchange Program there must be a minimum of \$500 in the Investment Option you wish to exchange from. You may select to move the funds from one Investment Option to one or more other Investment Option(s).
- You must designate a minimum of \$50 for each monthly or quarterly scheduled exchange.
- Creating a Systematic Exchange using money that is already invested in your Account will count toward your twice per calendar year investment change limit.
- Creating a Systematic Exchange with new money contributed to your Account will NOT count toward your twice per calendar year investment change limit. To start a Systematic Exchange using new money you must mail a contribution check with this completed form to the Plan.
- You cannot select the Checking Option as an "Exchange from Investment Option" (see below).
- If you make any changes to an established Systematic Exchange Program it will count toward your twice per calendar year Investment Option change limit.

Account Number:
Frequency (Check One.): Quarterly (3 months from the start date)
Day of Month:*
*The first systematic exchange will occur on the day of the month indicated above if received within 3 business days of that date; otherwise, the systematic exchange will begin the following month. If a date is not specified, the exchange will take place on the 10th day of the month.
Exchange From Investment Option:
Exchange To Investment Option per Exchange Period:

Investment Option	\$, Dollar Amount <i>(\$50 Minimum)</i>
Investment Option	\$ Dollar Amount <i>(\$50 Minimum)</i>
Investment Option	\$ Dollar Amount <i>(\$50 Minimum)</i>

#### Stop Options (required) (Select One):

When Complete Balance of the "Exchange from" Investment Option is depleted.

Stop Date:	
	Date (mm/dd/yyyy)

By completing this section and signing this Form, I authorize NY ABLE to process the periodic exchanges as indicated. I understand that making changes to an established Systematic Exchange Program will count toward my twice per calendar year Investment Option change limit.

## 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 Bank 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

SIGNATURE

Signature of Co-Authorized Individual (Only if applicable)

Date ( <i>mm/dd/yyyy</i> )	
Date (mm/dd/yyyy)	