

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)

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.): Monthly 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:

<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Investment Option	Dollar Amount (\$50 Minimum)
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Investment Option	Dollar Amount (\$50 Minimum)
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Investment Option	Dollar Amount (\$50 Minimum)

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

□□ — □□ — □□□□

Date (mm/dd/yyyy)

SIGNATURE

Signature of Co-Authorized Individual (Only if applicable)

□□ — □□ — □□□□

Date (mm/dd/yyyy)