




## NY ABLE Savings Program Enrollment Form

### IMPORTANT INFORMATION ABOUT OPENING A NEW ACCOUNT.

We are required by federal and New York State law to obtain from each person who opens an account certain personal information — including name, street address, and date of birth, among other information — that will be used to verify their identity. If you do not provide us with this information, we will not be able to open your account. If we are unable to verify your identity, we reserve the right to close your account or take other steps we deem reasonable.

- You can enroll online at **www.MyNYABLE.org**.
- An individual can only have one ABLE account nationwide.
- The account can only be opened for an Eligible Individual.
- The New York ABLE Savings Program Disclosure Booklet and Participation Agreement (Disclosure Booklet) contains important information including, among other information, the objectives, risks, charges, expenses, and restrictions in connection with opening and investing in NY ABLE. Capitalized terms used in this Enrollment Form and not defined, have the meanings provided in the Disclosure Booklet.
- Type or print clearly, printing in capital letters and black ink. Please mail the form to NY ABLE. 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 (855.569.2253)**  
8 a.m. to 8 p.m. ET M-F  
VRS (for the hearing impaired)  
**800.662.1220 (711)**

 **www.MyNYABLE.org**

 **clientservices@mynable.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 type

Check one:

- I am opening the account for myself. At a minimum, please complete **Sections 2, 7, 8 and 10** of this form.
- I am the parent or guardian of a minor Account Owner. At a minimum, please complete **Sections 2, 3, 7, 8 and 10** of this form.
- I am the Authorized Individual (guardian, conservator, or power of attorney) of an adult Account Owner who lacks the capacity to contract. At a minimum, please complete **Sections 2, 4, 7, 8 and 10** of this form. **Important: You must enclose the appropriate authorizing documentation (Example: guardianship, conservator, court document or other legal document) showing you have the authority to make financial transactions on behalf of the Account Owner.**
- As the Authorized Individual, I am enclosing the document authorizing me to financially transact on behalf of the Account Owner required to open this account. *(Please check box.)*

Please **DO NOT** submit your written disability-related diagnosis or any protected health information (PHI). If we receive any PHI we will destroy it using secure means.





**B. Please select the Account Owner's disability, the onset of which occurred prior to their 26th birthday:** *(Please check only one. Please talk with your disability advisor if you have any questions.)*

- |  |  |
|--|--|
| <input type="checkbox"/> Developmental Disorders <i>(including Autism)</i>   | <input type="checkbox"/> Intellectual Disability                                     |
| <input type="checkbox"/> Psychiatric Disorders   | <input type="checkbox"/> Nervous Disorders <i>(including blindness and deafness)</i> |
| <input type="checkbox"/> Congenital Anomalies <i>(including Down Syndrome)</i>   | <input type="checkbox"/> Respiratory Disorders                                       |
| <input type="checkbox"/> Other <i>(A list of compassionate allowance conditions is located at <a href="https://www.ssa.gov/compassionateallowances/conditions.htm">https://www.ssa.gov/compassionateallowances/conditions.htm</a>)</i> |  |

**Please select the basis for your eligibility:** *(Check only one.)*

- The Account Owner is eligible to receive Supplemental Security Income benefits.
- The Account Owner is eligible to receive Social Security Disability benefits.
- The Account Owner is establishing eligibility with a disability certification.\*

\*Do not send the disability certification to the NY ABLE Program. Retain it for your records. For more information about the disability certification, please refer to the Disclosure Booklet.

**3. Parent/Guardian** (Do not complete this section if you are opening an account for yourself. All information is required in this section if you are the Parent/Guardian who is opening the account on behalf of the Account Owner who is a minor.) (All information in this section is required when a Parent/Guardian is listed.)

Complete this section if you are the Parent/Guardian of an account for a minor. The Parent/Guardian is the person who can transact on the account on behalf of the Account Owner. The Parent/Guardian's address listed in this section will be used as the account's address of record for all account mailings.

**IMPORTANT:** If you are a Parent/Guardian of a minor Account Owner, please skip **Section 4** and **Section 5**.

Parent/Guardian First Name  (m.i.)

Parent/Guardian Last Name

Social Security or Taxpayer Identification Number

Birth Date (mm/dd/yyyy)

Citizenship (If other than U.S. citizen, please indicate country of citizenship.)

Telephone Number

Check if address is the same as Account Owner, otherwise complete the following:

Permanent Street Address (P.O. boxes are not acceptable.)

City

State  Zip Code

Check if Mailing Address is the same as the permanent address.

Mailing Address (This address will be used as the Parent/Guardian's address of record for all account mailings.)

City

State  Zip Code

**A. Parent/Guardian identity verification. (Required)**

Parent/Guardian's driver's license or state-issued I.D. card number (7-15 digits)

State

Expiration date (mm/dd/yyyy)

Is this a driver's license or state-issued I.D. card? Please check one:

Driver's license  I.D. card  Military I.D.

Parent/Guardian's mother's maiden name

I do not have a driver's license or state-issued I.D. card, and by checking this box I acknowledge that I will not be eligible to invest in the Checking Investment Option.

**4. Authorized Individual** (Do not complete this section if you are opening an account for yourself. All information is required in this section if you are an Authorized Individual who is opening the account on behalf of the Account Owner.) **(All information in this section is required when an Authorized Individual is listed.)**

Complete this section if you are an Authorized Individual (*guardian, conservator or power of attorney*) of an Account Owner who has reached the age of majority. The Authorized Individual is the person who can transact on the account on behalf of the Account Owner. The Authorized Individual's address listed in this **Section 4** will be used as the account's address of record for all account mailings.

**Important:** If more than one individual has been appointed as guardian or conservator of the Account Owner as indicated by the supporting documentation, please complete **Sections 4 and 5**.

- If the legal document providing the authority to be an Authorized Individual(s) **requires** (not just permits) that more than one person sign legal documents, all required individuals must be Co-Authorized Individuals. In addition, the Checking Option will not be available for this type of account.

Authorized Individual First Name  (m.i.)

Authorized Individual Last Name

Social Security or Taxpayer Identification Number  Birth Date (mm/dd/yyyy)

Citizenship (If other than U.S. citizen, please indicate country of citizenship.)  Telephone Number

Check if address is the same as Account Owner, otherwise complete the following:  
Permanent Street Address (P.O. boxes are not acceptable.)

City  State  Zip Code

Check if Mailing Address is the same as the permanent address.  
Mailing Address (This address will be used as the Authorized Individual's address of record for all account mailings.)

City  State  Zip Code

**A. Authorized Individual identity verification. (Required)**

Authorized Individual's driver's license or state-issued I.D. card number (7-15 digits)  State  Expiration date (mm/dd/yyyy)

Is this a driver's license or state-issued I.D. card? Please check one:  Driver's license  I.D. card  Military I.D.

Authorized Individual's mother's maiden name

I do not have a driver's license or state-issued I.D. card, and by checking this box I acknowledge that I will not be eligible to invest in the Checking Investment Option.

**5. Co-Authorized Individual** (Complete this section to allow for another Authorized Individual. All fields are required.)

**Important:** Complete this section when a Co-Authorized Individual is required and not for an additional Parent/Guardian.

Co-Authorized Individual's First Name (m.i.)

Co-Authorized Individual's Last Name

Social Security or Taxpayer Identification Number

Birth Date (mm/dd/yyyy)

Citizenship (If other than U.S. citizen, please indicate country of citizenship.)

Telephone Number

Check if address is the same as Account Owner, otherwise complete the following:

Permanent Street Address (P.O. boxes are not acceptable.)

City

State

Zip Code

Check if Mailing Address is the same as the permanent address.

Mailing Address (This address will be used as the Authorized Individual's address of record for all account mailings.)

City

State

Zip Code

**6. Email Address** *(One email address can be associated to your account)*

You may receive your statements in paper form by mail or via e-delivery.

If you select electronic delivery (e-delivery) notification for statements and confirmations, you will pay a Quarterly Account Maintenance fee of \$11.25. If you do not select e-delivery notification, you will be charged a Quarterly Account Maintenance Fee of \$13.75.

Once your account is established, you can select e-delivery notification by visiting **www.MyNYABLE.org**, registering your account online, and selecting e-delivery notification of statements and confirmations when asked for your delivery preference during the registration process. You may also choose to receive your year-end statement via paper delivery and remain eligible for the discounted Quarterly Account Maintenance Fee of \$11.25. If you provide your email address below, we will send you an email with instructions on how to register your account online.

Please note: After you select e-delivery notification, if an email is returned as “undeliverable”, we’ll attempt to resend it. If the notice continues to be undeliverable after multiple attempts, your delivery preference will be changed to paper, and statements, confirmations, tax forms and other correspondence will be delivered to you via U.S. Mail and you will not be eligible for the discounted Quarterly Account Maintenance Fee. We reserve the right to discontinue electronic delivery at any time.

Please provide your email address below:

Email Address *(One email address can be associated to your account)*

## 7. Investment Option selection

- Before choosing your Investment Option(s), please read the Disclosure Booklet, available at [www.MyNYABLE.org](http://www.MyNYABLE.org) which contains important information about the Investment Options.
- Please select one or more Investment Options from the choices below. If you choose one Investment Option, please indicate 100% next to that option. If you choose more than one Investment Option, please indicate the percentage amount of the contribution you would like invested into each of the selected Investment Options.
- All future contributions will follow the same percentages unless otherwise indicated.
- Use whole percentages only.
- Your total Investment Option percentages must equal **100%**.

Aggressive Option	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Moderate Option	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Intermediate Option	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Conservative Option	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Checking Option	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
<b>Total</b>	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	%

### Information about the Checking Option

- If you choose the Checking Option, you will receive a free debit card within 10 calendar days after the Checking Option is funded. Contributions into the Checking Option will not be available for withdrawal for six business days.
- Account Owner information must be completed in **Section 2**.
- If the Account Owner is a minor also complete **Section 3**.
- If there is an Authorized Individual on the account, also complete **Section 4**.
- The Checking Option may be unavailable to certain accounts due to legal restrictions, for instance if the account requires two signatures for all withdrawals.

(optional) Please send me a checkbook that contains 50 checks. A fee of \$6 will be assessed to the Checking Option. The checkbook will be shipped when the balance of the Checking Option is at least \$25.

*Identity Verification information in **Sections 2A, 3A and/or 4A** is required to help the government prevent the funding of terrorism and money laundering activities. Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who selects the Checking Option.*

NY ABLE also offers an **Automatic Exchange Program**. An Automatic 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).* If you are interested in participating in this please complete the **Account Financial Features Form** available online at [www.MyNYABLE.org](http://www.MyNYABLE.org). If you establish an Automatic Exchange Program at the time of your enrollment, it will not be considered an investment election change for purposes of the twice per calendar year limit. If you establish an Automatic Exchange Program after your enrollment, it will count as an investment election change against that limit.



## 8. Contribution Method

- Your initial contribution can come from several sources, but you must check at least one source. If you combine sources, check the appropriate box for each source and write in the contribution amount for each.
- Contributions will be held for 5 business days before becoming available for withdrawal (*6 business days for checking option*).
- The minimum initial and subsequent contribution into your NY ABLE account is \$25.
- The annual contribution limit is equal to the annual gift tax exclusion amount (\$15,000, beginning in 2018). An ABLE Account Owner who earns income may be eligible to make additional contributions exceeding this limit by an amount up to his or her income for the year, or an amount equal to the federal poverty line for a one-person household, whichever is less.

**Source of funds** (Check all that apply.):

A.  **Check.**

**Important:** All checks must be payable to **NY ABLE**.

\$    ,     .

Amount

- B.  **Recurring contributions.** You can have a set amount automatically transferred from a bank, savings and loan, or credit union account monthly or quarterly. Money will be transferred into your NY ABLE account electronically based on the frequency indicated below. You may change the amount and/or frequency at any time by logging into your account at **www.MyNYABLE.org** or by calling **855.NY.ABLE (855.569.2253)**. Account Owners, family members, and friends can all contribute to your NY ABLE account through recurring contributions. To add additional recurring contribution instructions or multiple bank accounts, attach a separate sheet with the information requested in **Sections 8B** and **9** for each additional recurring contribution instruction or bank account.

**Important:** To set up this option, you must provide bank information in **Section 9**. If the bank account owner is not the same as the Account Owner, the parent or guardian, or the Authorized Individual must complete an **Account Features Form** available online at **www.MyNYABLE.org**.

**Amount of Debit:**

\$25    \$50    \$100    \$150    Other   \$    ,     .

Amount

**Frequency** (Check One):

Monthly    Quarterly (Every three months)

**Start Date:\***

—   —

Date (mm/dd/yyyy)

\*We must receive instructions at least 3 business days prior to the start date specified; otherwise, debits from a 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 recurring contribution option will begin the month following the receipt of this request, on the 15th day of the month.

- C.  **Payroll Direct Deposit.** If you want to make contributions to your NY ABLE account directly from a paycheck, you must contact your employer's payroll office to verify that you can participate. Payroll Direct Deposit contributions will not be made to your account until you have received a **Payroll Direct Deposit Confirmation Form** from NY ABLE, provided your signature, and your Social Security or taxpayer identification number on the form, and submitted the form to your employer's payroll office.

Amount of Payroll Direct Deposit each pay period: \$     .

- D.  **Electronic Fund Transfer (EFT).** Through EFT, you can make contributions online at any time or by phone during normal business hours by transferring money from a bank account. We will keep the bank information on file for future EFT contributions. To set this up, you must provide bank information in **Section 9**. (The amount below will be a one-time EFT contribution to open your account.)

\$    ,     .

Amount



**10. Signature — YOU MUST SIGN BELOW**

1. By signing below, I hereby acknowledge that I have received, read, and agree to the terms and conditions of the Disclosure Booklet as in effect on the date indicated below which governs all aspects of this account and is incorporated by reference. I will retain a copy of the Disclosure Booklet for my records. I understand that NY ABLE, from time to time, may amend the Disclosure Booklet and I understand and agree that I will be subject to the terms of those amendments.
2. I certify under penalty of perjury that all of the information I have provided on this form is accurate and complete, including without limitation, the information regarding the Account Owner's disability and the Account Owner's status as an Eligible Individual.
3. I certify, under penalties of perjury that I will promptly notify NY ABLE if changes in the Account Owner's condition would result in the Account Owner no longer qualifying as an Eligible Individual.
4. I acknowledge and agree that I am bound by the terms, rights and responsibilities stated in the Disclosure Booklet and this form, and by any and all statutory, administrative and operating procedures that govern NY ABLE.
5. I understand that the Disclosure Booklet, **Enrollment Form** and any subsequent forms signed by me constitute the entire agreement between me and NY ABLE. No person is authorized to make an oral modification to this agreement.
6. If the Account Owner is an Eligible Individual based on SSI or SSDI Benefits Eligibility, I certify under penalty of perjury that the Account Owner (1) is entitled to benefits based on blindness or disability under Title II or XVI of the Social Security Act and has received a benefit verification letter from the Social Security Administration and agrees to retain and provide the letter (or a genuine copy of the letter or other evidence) to NY ABLE, the IRS, or the U.S. Treasury Department upon request; and (2) the Account Owner's disability was present before the Account Owner attained age 26.
7. If the Account Owner is an Eligible Individual based on Certification Eligibility, I certify under penalty of perjury that the Account Owner (A) (1) is blind (within the meaning of section 1614(a)(2) of the Social Security Act) or has a medically determinable physical or mental impairment, which results in marked or severe functional limitations, and which (i) can be expected to result in death or (ii) has lasted or can be expected to last for a continuous period of not less than 12 months; and (2) possesses a written diagnosis related to the impairment signed by a physician that meets Social Security Act criteria; and (3) the impairment occurred before the date on which the Account Owner attained age 26; or (B)(1) has a condition listed in the "List of Compassionate Allowances Conditions" maintained by the Social Security Administration and that such condition occurred before the date on which the Account Owner attained age 26.
8. I understand that, other than the Checking Option, investments are not guaranteed or insured by the FDIC or any other government agency, including the NY ABLE Officials (as defined in the Disclosure Booklet), and are not deposits or other obligations of any depository institution, and are subject to investment risks including the loss of the principal amount invested.
9. I understand that participation in NY ABLE does not guarantee that contributions and the investment return on contributions, if any, will be adequate to cover the Qualified Disability Expenses of the Account Owner.
10. I understand that there is no guarantee that NY ABLE will continue to meet the requirements of Section 529A of the Code or that my account will continue to be eligible to receive the benefit of that Section.
11. If I am rolling over assets from another ABLE program, by signing below I certify under penalties of perjury that there has not been a rollover for the benefit of the Account Owner during the prior 12-month period.
12. I understand that moving assets among investment options within NY ABLE will count towards my permitted twice per calendar year Investment Option change limit.
13. If I am rolling over assets from a 529 Plan, I understand that the assets rolled over will count toward my annual \$15,000 contribution limit.
14. If I have chosen the recurring contributions or EFT option, I authorize NY ABLE and its designees, upon telephone or online request, to pay amounts representing redemptions 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 9**. 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 ACH transactions involving my bank account must comply with U.S. law. I further agree that the NY ABLE Officials will not 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 9**.

**Signature (cont.)**

15. If I am opening the account for myself, I certify under penalty of perjury that I am of legal age in New York State and have the legal capacity to contract. If I am opening the account as the parent or guardian of a minor child, I certify under penalty of perjury that I am of legal age in my state of residence and that I am the parent or guardian of the Account Owner and have the authority to open the account. If I am opening the account as the Authorized Individual for an adult who lacks the legal capacity to enter into a contract, I certify under penalty of perjury that I am of legal age in my state of residence and that I am the parent, guardian, conservator, or have the Power of Attorney of the Account Owner and have the authority to open the account. Regardless of the authority under which I am opening the account, I agree to hold harmless the NY ABLE Officials from any third party claims relating to my actions.
16. To the best of my knowledge, I certify under penalty of perjury that no other ABLE program account exists for the benefit of the Account Owner, except in the case of a rollover from another ABLE program. If I am establishing this account through a rollover from an account in another ABLE program, I agree to close the other account no later than the 60th day after the amount was distributed from the other ABLE program account. I acknowledge that failure to do so will result in my account not being treated as an ABLE program account under Section 529A of the Code. The consequences of an account not being treated as a qualified ABLE program account include loss of favorable tax treatment and could lead to loss of eligibility for resource-based benefits such as SSI.
17. I agree to promptly inform NY ABLE in the event that any of the foregoing certifications becomes untrue. I understand and acknowledge that NY ABLE has the right to suspend or terminate the account and return the balance of the account (which withdrawal may be a Non-Qualified Withdrawal) to the Account Owner, as applicable, if NY ABLE has reasonable grounds to believe that any of the foregoing certifications is untrue.

SIGNATURE

Signature of Account Owner (Parent/Guardian listed in **Section 3** or Authorized Individual listed in **Section 4**)

□□ — □□ — □□□□

Date (mm/dd/yyyy)

SIGNATURE

Signature of Co-Authorized Individual listed in **Section 5** (Only if applicable)

□□ — □□ — □□□□

Date (mm/dd/yyyy)

**11. Additional Information (Optional)****How did you hear about NY ABLE?** (Select One)

- |  |                                   |
|--|-----------------------------------|
| <input type="checkbox"/> Family/Friend   | <input type="checkbox"/> Advisor  |
| <input type="checkbox"/> Organization    | <input type="checkbox"/> Ad       |
| <input type="checkbox"/> Employer        | <input type="checkbox"/> Email    |
| <input type="checkbox"/> School Event    | <input type="checkbox"/> Magazine |
| <input type="checkbox"/> NY ABLE Website | <input type="checkbox"/> Mailing  |
| <input type="checkbox"/> Other           |                                   |