

3. Payroll Direct Deposit instructions

Check one: Start Payroll Direct Deposits Change Amount Stop Payroll Direct Deposits
*(Skip to **Section 4**)*

Deduct \$ from my paycheck each pay period and contribute to my Colorado ABLE Account.

4. Signature — YOU MUST SIGN BELOW

I certify that I have read and understand, consent, and agree to all the terms and conditions of the Colorado ABLE Plan Disclosure Booklet and understand the rules and regulations governing Colorado ABLE. Further, I understand that neither Colorado ABLE, or their agents or affiliates are responsible for any claims I may make and/or losses resulting from my employer's failure to timely and accurately process my contributions via payroll direct deposit.

Signature of Account Owner or Authorized Individual

— —
 Date (mm/dd/yyyy)

Signature of Additional Authorized Individual *(Only if applicable)*

— —
 Date (mm/dd/yyyy)