

Colorado ABLE

Withdrawal Request Form

Use this form to request a full or partial withdrawal from your Colorado ABLE
 Account. For withdrawals not used for Qualified Disability Expenses the earnings
 portion may be subject to federal and state income tax and the Federal Penalty
 Tax. See the Colorado ABLE Plan Disclosure Booklet for more information.

Note: You can also request a withdrawal by telephone or online at **coloradoable.org**.

- We are required to file IRS Form 1099-QA if you take a withdrawal from your Colorado ABLE Account.
- A contribution to a Target Risk Option is subject to a hold period of 5 or 6 business days (6 or 7 business days for the Checking Account Option) prior to withdrawal.
- A withdrawal cannot be made for 10 business days after the address on the Account has changed.
- You are encouraged to retain receipts for expenses paid from your withdrawal.
- 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 **coloradoable.org**, or you can call us to order any form — or request assistance in completing this form — at **1.888.609.3468** any business day from 8 a.m. to 5 p.m. MT.

	1.888.609.3468 8 a.m. to 5 p.m. MT M-I				
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coloradoable.org

≥ clientservice@coableonline.com

Regular mailing address:

Colorado ABLE P.O. Box 219431 Kansas City, MO 64121

Overnight mailing address:

Colorado ABLE 1001 E 101st Terrace, Suite 200 Kansas City, MO 64131

Account information
Account Number
Account Owner Social Security or Taxpayer Identification Number <i>(Required)</i>
Name of Account Owner (first, middle initial, last)
Telephone Number



A	Withdrawal via check made payable to the Account Owner. The check will be mailed to the Account Owner or Authorized Individual (if there is an Authorized Individual listed on the Account).			
В.	Withdrawal to the Bank Account on file. If you are changing or adding banking instructions at the same time of this withdrawal request there will be a (15) calendar hold before the withdrawal can be processed.			
C	Withdrawal to a 3rd Party			
	Payable To			
	Contact Name			
	Memo Line			
	Mailing Address			
	City State Zip Code			
Am c	ount of withdrawal (Choose one.) Full balance. Withdraw the entire amount held in all of the Investment Options in my Account. Please check the box if you would like to close your Colorado ABLE Account and discontinue your recurring contribution (if	,		
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Signature — YOU MUST SIGN BELOW

- I certify that I have read, understand, consent, and agree to all terms and conditions of the Colorado ABLE Plan Disclosure Booklet and understand the rules and regulations governing withdrawals from my Colorado ABLE Account. I also certify that the information provided on this form is accurate and hereby instruct Colorado ABLE to distribute my Account as I have indicated.
- By signing below, I authorize Colorado ABLE or its designees to withdraw funds according to the instructions above. I understand that if I have changed my address or the Account Owner, I cannot withdraw funds for 10 business days after the change.
- I understand that the earnings portion of Non-Qualified Withdrawals is subject to federal and state income tax and the Federal Penalty Tax. I also understand that I am responsible for reporting the withdrawal on my income tax returns for the tax year the Non-Qualified Withdrawal was made.
- I understand that if I had taken a state income tax deduction or credit on my state income taxes I will need to check with my home state to determine if my deduction or credit is subject to recapture.
- If I am an Authorized Individual, I certify that I am authorized to act on the Account Owner's behalf in making this request and that this request is in the best interest of the Account Owner.

SIGNATURE Signature of Account Owner or Authorized Individual	Date (mm/dd/yyyy)
SIGNATURE Signature of Additional Authorized Individual (Only if applicable)	Date (mm/dd/www)

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