




ABLE TN

Account Financial Features Form

- Forms can be downloaded from our website at **AbleTN.gov**, or you can call us to order any form—or request assistance in completing this form—at **855.922.5386** any business day from 8:00 a.m. to 4:30 p.m. CT.

 **855.922.5386**
8:00 a.m. to 4:30 p.m. CT M-F

AbleTN.gov

 **ABLE.TN@tn.gov**

Regular mailing address:

ABLE TN
P.O. Box 55599
Boston, MA 02205-5599

Overnight mailing address:

ABLE TN
95 Wells Ave, Suite 155
Newton, MA 02459-3204

1. Current Account Owner information

$\square\square\square\square\square\square\square\square\square - \square\square$

Account Number

[illegible]

Name of Account Owner (first, middle initial, last)

$$\boxed{}\boxed{}\boxed{} - \boxed{}\boxed{}\boxed{} - \boxed{}\boxed{}\boxed{}\boxed{}$$

Telephone Number

2. Features to add, update, or delete *(Check all that apply.)*

- ☐ Recurring contribution — Complete **Section 3, 5 and 7**
- ☐ Electronic Funds Transfer— **Section 4, 5 and 7**
- ☐ Bank information— **Section 5 and 7**
- ☐ Systematic Exchange Program— **Section 6 and 7**



* ABLE TN ACCT FEATURES *

4. Electronic Funds Transfer (EFT)

Complete this section to add, change, or delete the ability to make contributions using electronic funds transfer from a bank account into your ABLE TN account. We will keep your bank instructions on file for future EFT contributions. You can transfer funds from your bank account to your ABLE TN account at any time by calling us, or by requesting a transfer online. The Plan may place a limit on the total dollar amount per day you may contribute to an account by EFT.

- You can add, change, or delete the ability to make EFT contributions by accessing your account online at **AbleTN.gov**.
- Account Owners and others can each contribute to an ABLE TN 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 10 calendar days before becoming available for withdrawal.
- Your contribution will be allocated according to the existing allocation percentages.

☐

Add

☐

Delete

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

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 at the same time of a withdrawal request there will be a 10 calendar day hold before the withdrawal 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.

☐

Please check this box to confirm that your electronic transfers won't involve a bank or other financial services company, including any branch or office, located outside the territorial jurisdiction of the United States. If you're unable to confirm this, your Recurring Contribution or EBT request may not be processed.

Bank Name

Bank Routing Number

Bank Account Number

Account Type:
(Check One)☐

Checking

☐

Savings

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:

SIGNATURE

Bank Account Owner Signature

Date (mm/dd/yyyy)

SIGNATURE

Bank Account Owner Signature

Date (mm/dd/yyyy)

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.

6. Systematic Exchange Program (SEP) *(Optional)*

The Systematic Exchange Program allows you to move money from one Investment Option to one or more other Investment Options within your account on a pre-scheduled basis.

- 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.
- If you make any changes to an established Systematic Exchange Program it will count toward your twice per calendar year Investment Option change limit.

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"/>
Investment Option	Dollar Amount <i>(\$50 Minimum)</i>
<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 <i>(\$50 Minimum)</i>
<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 <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 ABLE TN 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.

7. Signature — YOU MUST SIGN BELOW

- I certify that I have read and understand, consent, and agree to all the terms and conditions of the ABLE TN Disclosure Brochure as they relate to adding, deleting, or changing financial features.
- By signing below, I authorize ABLE TN 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. I certify that if I am not the account owner on the bank account listed in **Section 5**, I certify that the named bank account owner is listed as an account owner on the bank account so indicated.
- 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 further certify that I am the Parent or Guardian or Authorized Individual 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 ABLE TN or 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 ABLE TN, nor the Plan Administrators 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 ABLE TN and the bank by telephone or in writing, and that the termination request will be effective as soon as ABLE TN 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**.

SIGNATURE

Signature of Account Owner or Authorized Individual

□□ — □□ — □□□□

Date (mm/dd/yyyy)

SIGNATURE

Signature of Co-Authorized Individual (Only if applicable)

□□ — □□ — □□□□

Date (mm/dd/yyyy)