

2. Type of withdrawal (Choose only one of the following three options.)

A. **Withdrawal via check made payable to the Participant.** The check will be mailed to the Participant or Authorized Individual (if there is an Authorized Individual listed on the account).

B. **Withdrawal to the Bank Account on file.** Ensure you have linked your bank account to your ABLE TN account before checking this box. (Skip Section 4, Delivery Method)

Please confirm bank information on file:

Bank Name (grid of boxes)

Last 4-digits of Bank Account Number (grid of boxes)

C. **Withdrawal to a 3rd Party**

Payable To (grid of boxes)

Contact Name (grid of boxes)

Memo Line (grid of boxes)

Mailing Address (grid of boxes)

City (grid of boxes), State (grid of boxes), Zip Code (grid of boxes)

D. **Indirect rollover.** I will invest my distribution in another ABLE plan within the next 60 days. (You will receive a check at your address of record.)

3. Amount of withdrawal (Choose one.)

A. **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 ABLE TN account and discontinue your recurring contribution (if applicable). If your account remains open with a zero balance for 60 calendar days and there are no pending contributions your account will be closed.

Important: If you contribute to your account through Payroll Direct Deposit, you must notify your employer to cancel these contributions.

B. **Partial amount of \$** [grid of boxes].

Withdraw this amount proportionately from among my current Investment Options. If the amount you indicate exceeds the amount available, ABLE TN will liquidate the entire balance, discontinue your recurring contribution, and close your account.

C. **Partial amount as follows.**

Important: If the dollar amount you indicate for a particular Investment Option exceeds the amount available for withdrawal, we will liquidate the entire balance of that Investment Option.

Table with 3 columns: Name of Investment Option, Dollar amount (For partial amounts.), OR, Total balance (Check if applicable.).

4. Delivery Method (Choose **only one** of the following **for a paper check**.)

Note: The delivery methods are only available to those who request a paper check. The Default delivery method is First-class mail.

- A. **First-class mail.** Check will be mailed via USPS once processed.
- B. **Expedited delivery.** Check will be delivered next business day once processed. (Not available for P.O. Boxes, non-street addresses. A transaction charge of \$15 to a U.S. address will be applied to your account. For a non-U.S. address, a transaction charge of \$50 will be applied to your account.)

5. Signature — YOU MUST SIGN BELOW

- I certify that I have read, understand, consent, and agree to all terms and conditions of the ABLE TN Disclosure Brochure and understand the rules and regulations governing withdrawals from my ABLE TN account. I also certify that the information provided on this form is accurate and hereby instruct ABLE TN to distribute my account as I have indicated.
- By signing below, I authorize ABLE TN or its designees to withdraw funds according to the instructions above. I understand that if I have changed my address or the Participant, I cannot withdraw funds for 21 calendar days after the change.
- I understand that the earnings portion of Non-Qualified Withdrawals is subject to federal and state income tax and an additional 10% federal 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 Participant's behalf in making this request and that this request is in the best interest of the Participant.

SIGNATURE

Signature of Participant or Authorized Individual

 — —

Date (mm/dd/yyyy)

SIGNATURE

Signature of Co-Authorized Individual (Only if applicable)

 — —

Date (mm/dd/yyyy)

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