AB	LE	_
	TN	

## ABLE TN Withdrawal Request Form

• Use this form to request a full or partial withdrawal from your ABLE TN account. For withdrawals not used for Qualified Disability Expenses the earnings portion may be subject to federal and state income tax and an additional 10% federal tax. See the ABLE TN Disclosure Brochure for more information.

Note: You can also request a withdrawal online at AbleTN.gov.

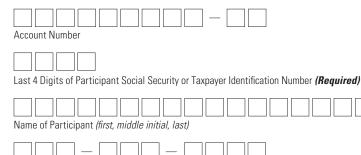
- We are required to file IRS Form 1099-QA if you take a withdrawal from your ABLE TN account.
- A recent contribution must be invested with ABLE TN for a period of 10 calendar days prior to withdrawal.
- A withdrawal cannot be made for at least ten (10) calendar days and up to eight (8) business days if it involves any of the following: funds from a recent contribution, a recent address change, and a change in the receiving banking information associated with an ACH withdrawal request.
- 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 AbleTN.gov, or you can call us to order any form — or request assistance in completing this form — at 1.855.922.5386 any business day from 8:00 a.m. to 4:30 p.m. CT.

# 1.855.922.5386 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. Account information







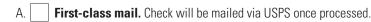


A	Withdrawal via check made payable to the Participant. The check will be mailed to the Participant or Authorized Individual ( <i>if there is an Authorized Individual listed on the account</i> ).
В.	Withdrawal to the Bank Account on file. Ensure you have linked your bank account to your ABLE TN account before checking this box. ( <i>Skip Section 4, Delivery Method</i> )
	Please confirm bank information on file:
	Bank Name Last 4-digits of Bank Account Nu
C	Withdrawal to a 3rd Party
	Payable To
	Mailing Address
	City State Zip Code
D <b>Amo</b> A	Indirect rollover. I will invest my distribution in another ABLE plan within the next 60 days. (You will receive a check at address of record.)         unt of withdrawal (Choose one.)         Full balance. Withdraw the entire amount held in all of the Investment Options in my account.
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#### DO NOT STAPLE

#### 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.



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 of Participant or Authorized Individual

Signature of Co-Authorized Individual (Only if applicable)

	]		
Date (mm/dd/yyyy)			

Date (mm/dd/yyyy)	

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