



Alaska ABI F Plan

Employed Account Owner Certification Form

- This form is to be completed and submitted by Employed Account Owners
 (including self-employed individuals) and/or their Authorized Individuals to
 authorize the Alaska ABLE Plan to accept annual contributions exceeding the Basic
 Annual Contribution Limit. For more information read the Plan Disclosure Booklet,
 visit the Plan website, or contact Customer Service.
- Annual contributions to ABLE Accounts are generally limited to the amount of
 the annual federal gift tax exclusion for the calendar year (the "Basic Annual
 Contribution Limit"), but there is an exception to this limit for some employed
 Account Owners. For more information read the Plan Disclosure Booklet, visit the
 Plan website, or contact Customer Service.
- Employed Account Owners who have earned income for the year, and who have not made or received any contributions to a 401(k) or other defined contribution plan (as described in the certifications in Section 2 of this form), a 403(b) annuity plan, or a 457(b) deferred compensation plan can contribute the annual federal gift tax exclusion amount plus the lesser of (i) the Account Owner's earned income for the calendar year; or (ii) the Federal Poverty Level for a one-person household in the Account Owner's state of residence for the previous calendar year. The contribution limit for those employed Account Owners is called the "Expanded Annual Contribution Limit".

1.888.609.8871 8 a.m. to 5 p.m. AKT M-F

FAX 1.617.559.8923

ak.savewithable.com

ak.clientservice@savewithable.com

Regular mailing address:

Alaska ABLE Plan P.O. Box 219740 Kansas City, MO 64121

Overnight mailing address:

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

- Employed Account Owners and/or their Authorized Individuals should carefully review this form and the explanation of the Annual Contribution Limit in the Plan Disclosure Booklet to ensure they are eligible to contribute additional amounts above the Basic Annual Contribution Limit and to understand how to calculate their Expanded Annual Contribution Limit.
- Employed Account Owners and/or their Authorized Individuals are solely responsible for calculating and tracking contributions, and
 ensuring compliance with their Annual Contribution Limit, and for maintaining adequate records for that purpose. Note that income
 contributed to an ABLE Account remains countable as income for SSI purposes.
- The Account Owner or their Authorized Individual must notify the Plan if the Account Owner no longer qualifies to make Expanded Annual Contribution Limit contributions. Contact the Plan at **1.888.609.8871** any business day from 8 a.m. to 5 p.m. AKT.
- The Account Owner or Authorized Individual must notify the Plan if the Account Owner moves to a different state by updating the
 Account Owner's address either by logging into the Account online or by using the Account Information Change Form, which can be
 downloaded at ak.savewithable.com.
- Capitalized terms used in this form, but not defined in this form, have the meanings provided in the Plan Disclosure Booklet.
- · Consult a tax advisor before making any additional contributions above the annual federal gift tax exclusion amount.
- Type or print clearly, printing in capital letters and black ink. Please mail the form to the Plan. Do not staple.

Note: If you are sending this form with a contribution, the contribution will be invested according to the standing allocation instructions on file for the Account at the time this form is received in good order.

Account Number 81 you are including a contribution with this form, include the Alaska ABLE Account number on the check). Account Owner's Legal First Name	Account Number (If						—																						
Account Owner's Legal Last Name Last 4 Digits of Account Owner's Social Security Number Telephone Number Signature — YOU MUST SIGN BELOW I understand and acknowledge the following: • Annual contributions to ABLE Accounts are generally limited to the Basic Annual Contribution Limit. The Tax Cuts and Jobs Acc 2017 allows ABLE Account Owners who are employed, but who do not contribute to certain retirement plans, to contribute an that exceed that limit. Employed Account Owners who have earned income for the year, and who have not made or received a contributions to a 401(k) or other defined contribution plan (within the meaning of section 414(i) of the Code) with respect to w the requirements of sections 401(a) or 403(a) of the Code are met, a 403(b) annuity plan, or a 457(b) deferred compensation plan (within the meaning of section 414(i) of the Code) with respect to w the requirements of sections 401(a) or 403(a) of the Code are met, a 403(b) annuity plan, or a 457(b) deferred compensation plan (within the meaning of section 414(i) of the Code) with respect to w the requirements of sections 401(a) or 403(a) of the Code are met, a 403(b) annuity plan, or a 457(b) deferred compensation plan (the same calendar year as the compensation plan in the same calendar year as the compensation contributions amount. The additional amount that can be contributed by employed Account Owners in a calendar year is capped a lesser of: (i) the Account Owner's state of residence for the previous calendar year; or (ii) the Federal Poverty Level for a one-person house the Account Owner or their Authorized Individual is solely responsible for calculating and tracking contributions and ensuring the total contributions to the Account Owner or Authorized and Individual. The Plan Administrators will not be responsible for any adverse tax or means-te benefit consequences or any other loss, damage, or expense incurred in connection with rejected contributions, excess compensa contributions (as described in the Plan Disclosure Booklet an	//ccount runner (ii	you are	inclu	uding	g a cor	tribu	ition \	with t	his fo	orm, ii	nclude	the A	Alask	a ABI	E Ac	coun	t num	ber or	the	e che	ck).								
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Date (mm/dd/yyyy)

Signature of Account Owner OR Authorized Individual Name (First, Middle Initial, Last)