



Arkansas ABI F

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 Arkansas 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".



FAX 1.617. 559.8937

ar.savewithable.com

ar.clientservice@savewithable.com

Regular mailing address:

Arkansas ABLE P.O. Box 219092 Kansas City, MO 64121

Overnight mailing address:

Arkansas ABLE 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 **1.888.609.8874** any business day from 7 a.m. to 4 p.m. CT.
- 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 ar.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.

] —																									
ccount l	lumbe	er (If y	ou ar	re incl	uding	a cor	ntribu	ition v	vith 1	this fo	orm,	includ	e the	e Ark	ansa	ıs Al	BLE.	Acco	ount	num	ber	on	the	chec	k).								
ccount ()wner	's Le	gal Fi	rst Na	ime																												(M.I
ount ()wner	's Le	gal La	ast Na	me																												
t 4 Dig	its of	Acco	unt 0)wner	's Soc	ial Se	ecurit	y Nun	ber	1	1																						
Ļ		_				_																											
phone	Num	ber																															
	_																																
gna										JVV																							
ıders	tand	and	ackr	nowl	edge	the	follo	owin] :																								
Annı																																	
2017																																	
that conti						•														•													
the r																		_												•			
in the																																	
exclu																																	
lesse															•									•					ers	on	hou	seho	ld in
the A	CCOL	ınt O	wne	er's st	tate (of re	side	nce f	or t	ne pi	evi	ous c	aler	ndar	yea	ır (t	he l	Expa	ande	ed A	Anr	ıua	I Co	ntri	but	tion	Lim	iit).					
The A																																	
total																																	
than bene																																	
contr																																	
the r	eturn	of e	xces	s cor	ntribu	ıtion	s. Ex	cess	Cor	ıtribu	ıtior	ıs ap	plie	d to	an A	Асс	oun	t an	d no	ot re	etur	ne	d to	the	CO	ntril	outo	or on	or	bef	ore	the c	lue
date	•		,														,	,												re m	nade	e will	
resul			•																														
Only																																	
				ation										ploy	er (s	sucl	n as	s a c	cont	rıbı	utio	n r	nad	e th	rou	ıgh	pay	roll	dıre	ect o	depo	osit)	Will
				ontrik				•																	_								
				er or																											elig	jible	to
				xpan																													
uthor s forr										ccep	t Ex	pand	ed A	Annı	ual (Con	trıb	utic	n Li	mıt	t co	ntr	ıbu	tion	s in	ito t	he /	4000	ount	t as	des	scrib	ed on
signi																																	1
scribe ntribu																																	
e Cod																																	
count																																	
signi							•							•																			
oklet																																	
				ual Co									J				,				1		•									5	
infor	mati	on p	rovic	ded b	y me	on ·	this	form	is t	rue a	nd	corre	ct a	nd n	nay	be	reli	ed ι	ıpor	ı by	/ th	e P	lan	Adı	min	istr	ator	S.					
					-													_		,		_		_		_		_					-
ICI	$\Gamma \Lambda \Gamma$	T U F	3 E																						_	- 1			_		-11	- 11	11

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

Date (mm/dd/yyyy)