



Arkansas ABLE

Earned Income Contribution Certification

- Use this form to authorize Arkansas ABLE to increase your Annual Contribution Limit pursuant to the Tax Cuts and Jobs Act of 2017. The Tax Cuts and Jobs Act of 2017 allows ABLE Account Owners who are employed but who do not contribute to a defined contribution plan, annuity contract or deferred compensation plan to contribute above the annual contribution limit.
• Type or print clearly, printing in capital letters and black ink. Please mail the form to the Plan. Do not staple.
• You are responsible for ensuring that you do not exceed any account limits, even if your Account receives contributions from sources other than you.
• You are responsible for notifying us if you no longer qualify for an increased contribution limit due to a change in employment status or if you move to a state with a different poverty level.
• Please see the Arkansas ABLE Disclosure Statement for information regarding a number of topics including contribution limits, tax implications, and the effects of an ABLE account on federal and state benefits.
• Check with your tax advisor to determine if increasing your Annual Contribution Limit is right for you.

1.888.609.8874
8 a.m. to 5 p.m. ET M-F

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
920 Main Street, Suite 900
Kansas City, MO 64105

Note: If you are sending this form with a contribution that would otherwise exceed your Annual Contribution Limit, your contribution will be invested according to the standing allocation instructions on file for your account at the time this form is received in good order.

Definitions:

Annual Contribution Limit – the maximum amount of money that can be contributed to your account.

Additional Annual Contribution Limit – The additional amount of money that can be contributed to your account.

Personal Additional Annual Contribution Limit – The lesser of the federal poverty line for a one-person household or the account owner’s compensation for the taxable year.

1. Account information

Account Number input field

Account Number (Include your account number on your check.)

Name of Account Owner input field

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

Telephone Number input field

Telephone Number



2. Signature — YOU MUST SIGN BELOW

- I hereby instruct Arkansas ABLE to allow me to contribute additional money to my Account in excess of the Annual Contribution Limit up to an amount equal to the poverty line for a one-person household for the prior year in my state of residence (the "Additional Annual Contribution Limit") or the Account Owner's earned income, whichever is less.
- I certify that the Account Owner is a paid employee (including an "employee" within the meaning of Internal Revenue Code ("IRC") section 401(c)) with respect to whom: (i) no contribution is or has been made for the taxable year to a defined contribution plan (within the meaning of IRC section 414(i)) with respect to which the requirements of IRC section 401(a) or 403(a) are met, (ii) no contribution is or has been made for the taxable year to an annuity contract described in IRC section 403(b), and (iii) no contribution is or has been made for the taxable year to an eligible deferred compensation plan described in IRC section 457(b). As such, I certify that the Account Owner is permitted to make contributions to his/her Account in excess of the normal Annual Contribution Limit, up to the lesser of (1) the Account Owner's compensation (as defined by IRC section 219(f)(1)) includible in the Account Owner's gross income for the taxable year, or (2) an amount equal to the Federal Poverty Level for a one-person household as determined for the preceding taxable year ("Personal Additional Annual Contribution Limit").
- I understand that it is the sole responsibility of the Account Owner or the Authorized Individual to ensure that the Account does not exceed the Annual Contribution Limit, the Additional Annual Contribution Limit, or the Personal Additional Annual Contribution Limit, if applicable. I understand that the Account Owner or Authorized Individual is solely responsible for ensuring the Account does not exceed the above referenced limits, even if some contributions come from sources other than the Account Owner or Authorized Individual. The Plan Administrators will not be responsible for any adverse tax or means-tested benefit consequences or other loss, damage, or expense incurred in connection with rejected contributions, contributions in excess of any applicable contribution limit, or the return of excess contributions. Excess Contributions applied to an Account and not returned to the Contributor on or before the due date (including extensions) of the Account Owner's income tax return for the year in which the Excess Contributions were made will result in the imposition on the Account Owner of a six percent (6%) excise tax on the amount of Excess Contributions.
- I understand that my Personal Additional Annual Contribution Limit may be lower than the Additional Annual Contribution Limit if my compensation is lower than the poverty line for the prior year in my state of residence. I certify that the Account Owner or Authorized Individual will notify Arkansas ABLE if the Account Owner is no longer eligible to make additional contributions in excess of the Annual Contribution Limit or if the Account Owner moves to a state with a different poverty line. I understand that Arkansas ABLE will not adjust the Personal Additional Annual Contribution Limit without such notice, which could result in the Account Owner making contributions in excess of an applicable contribution limit.
- All information provided by me is true and correct and may be relied upon by the Plan Administrators.

SIGNATURE

Signature of Account Owner/Authorized Individual

□□ — □□ — □□□□

Date (mm/dd/yyyy)