Use this form to start, change, or stop payroll direct deposit instructions on your existing Arkansas ABLE Account. You may also provide your payroll direct deposit instructions when you log on to our website at ar.savewithable.com. (If you have not established an account, you must also complete and enclose an Enrollment Form.)

After this form is processed you will receive a Payroll Direct Deposit Confirmation Form, which you must sign and submit to your employer’s payroll department. Your payroll direct deposit instructions will not take effect until your employer has accepted your signed form.

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 ar.savewithable.com, or you can call us to order any form—or request assistance in completing this form—at 1.888.609.8874 any business day from 8 a.m. to 5 p.m. ET.

1. **Account Owner information**

   - Account Number
   - Name of Account Owner (first, middle initial, last)
   - Telephone Number

2. **Employer information**

   - Name of Employer
   - Address
   - City
   - State
   - Zip Code
   - Payroll Department Contact Name
   - Telephone Number
   - Extension (if any)
3. Payroll Direct Deposit instructions

Check one:  □ Start Payroll Direct Deposits  □ Change Amount  □ Stop Payroll Direct Deposits
(Skip to Section 4)

Deduct $□□□□□□ from my paycheck each pay period and contribute to my Arkansas ABLE Account.

4. Signature — YOU MUST SIGN BELOW

I certify that I have read and understand, consent, and agree to all the terms and conditions of the Arkansas ABLE Disclosure Documents and understand the rules and regulations governing Arkansas ABLE. Further, I understand that neither Arkansas ABLE, or their agents or affiliates are responsible for any claims I may make and/or losses resulting from my employer’s failure to timely and accurately process my contributions via payroll direct deposit.

SIGNATURE
Signature of Account Owner or Authorized Individual  □□□□□□ Date (mm/dd/yyyy)

SIGNATURE
Signature of co-guardian or co-conservator (Only if applicable)  □□□□□□ Date (mm/dd/yyyy)