

## Arkansas ABLE

## **Payroll Direct Deposit**

- 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.

	1.888.609.8874
<b>—</b>	8 a.m. to 5 p.m. ET M-I

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

Account	0wn	er in	forn	nati	on														
Account Numb	] [ [					] –	-												
Name of Acco	unt Owr	ner (firs	t, mida	le init	rial, la	ast)													
Telephone Nun	] — [ nber			] —															
Employe	r info	rma	tion																
Employe	r info	rma	tion																_
Employer  Name of Emplo		rma	tion																_
		rma	tion																
		rma	tion																
Name of Emplo		rma	tion																
Name of Emplo		rma	tion								Sta		Zip	Code					
Name of Emple Address		rma	tion								Sta		Zip	Code					



<b>J</b> .	Payroll Direct Deposit Instructions	
	Check one: Start Payroll Direct Deposits Change Am	Stop Payroll Direct Deposits (Skip to <b>Section 4</b> )
	Deduct \$ from my paycheck each pay period an	d 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 terr and understand the rules and regulations governing Arkansas ABLE. Further affiliates are responsible for any claims I may make and/or losses resulting my contributions via payroll direct deposit.	er, I understand that neither Arkansas ABLE, or their agents or
	SIGNATURE	
	Signature of Account Owner or Authorized Individual	Date (mm/dd/yyyy)
	SIGNATURE	
	Signature of co-guardian or co-conservator (Only if applicable)	 Date <i>(mm/dd/yyyy)</i>