DELAWARE ABLE PLAN
DEPEND**ABLE**
Security for the future™

DEPENDABLE
Withdrawal Request Form

- Use this form to request a full or partial withdrawal from your DEPENDABLE account. For withdrawals not used for Qualified Disability Expenses the earnings portion may be subject to federal and state income tax and an additional 10% federal tax. See the DEPENDABLE Disclosure Documents for more information.
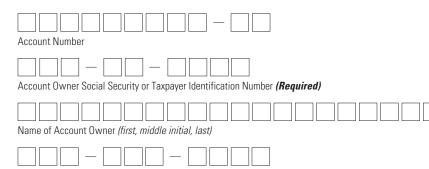
  Note: You can also request a withdrawal by telephone or online at **de.savewithable.com.**

- We are required to file IRS Form 1099-QA if you take a withdrawal from your DEPENDABLE account.

- A recent contribution must be invested with DEPENDABLE for a period of 5 business days *(6 business days for checking option)* prior to withdrawal.

- A withdrawal cannot be made for 10 business days after the address on the account has changed.

- You are encouraged to retain receipts for expenses paid from your withdrawal.

- 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 **de.savewithable.com,** or you can call us to order any form — or request assistance in completing this form — at **1.888.609.8914** any business day from 8 a.m. to 5 p.m. ET.

1.888.609.8914
8 a.m. to 5 p.m. ET M-F

de.savewithable.com

de.clientservice@savewithable.com

Regular mailing address:
DEPENDABLE
P.O. Box 419201
Kansas City, MO 64141

Overnight mailing address:
DEPENDABLE
920 Main Street, Suite 900
Kansas City, MO 64105

1. Account information

Account Number

Account Owner Social Security or Taxpayer Identification Number *(Required)*

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

Telephone Number

2. **Type of withdrawal** *(Choose only **one** of the following three options.)*

A. ☐ **Withdrawal via check made payable to the Account Owner.** The check will be mailed to the Account Owner or Authorized Individual *(if there is an Authorized Individual listed on the account).*

B. ☐ **Withdrawal to the Bank Account on file.** If you are changing or adding banking instructions at the same time of this withdrawal request there will be a (15) calendar hold before the withdrawal can be processed.

C. ☐ **Withdrawal to a 3rd Party**

Payable To

Contact Name

Memo Line

Mailing Address

City   State   Zip Code

D. ☐ **Indirect rollover.** I will invest my distribution in another ABLE plan within the next 60 days. *(You will receive a check at your address of record.)*

3. **Amount of withdrawal** *(Choose one.)*

A. ☐ **Full balance.** Withdraw the entire amount held in all of the Investment Options in my account.

☐ Please check the box if you would like to close your DEPENDABLE account and discontinue your recurring contribution *(if applicable).* If your account remains open with a zero balance for 60 calendar days and there are no pending contributions your account will be closed.

Important: If you contribute to your account through Payroll Direct Deposit, you must notify your employer to cancel these contributions.

B. ☐ **Partial amount of** $ ☐☐☐,☐☐☐.☐☐ .
Withdraw this amount proportionately from among my current Investment Options. If the amount you indicate exceeds the amount available, DEPENDABLE will liquidate the entire balance, discontinue your recurring contribution, and close your account.

C. ☐ **Partial amount as follows.**

Important: If the dollar amount you indicate for a particular Investment Option exceeds the amount available for withdrawal, we will liquidate the entire balance of that Investment Option.

Name of Investment Option	Dollar amount *(For partial amounts.)*	OR	Total balance *(Check if applicable.)*
	$ ☐☐☐,☐☐☐.☐☐		☐
	$ ☐☐☐,☐☐☐.☐☐		☐
	$ ☐☐☐,☐☐☐.☐☐		☐
	$ ☐☐☐,☐☐☐.☐☐		☐
	$ ☐☐☐,☐☐☐.☐☐		☐

4. Signature — YOU MUST SIGN BELOW

- I certify that I have read, understand, consent, and agree to all terms and conditions of the DEPENDABLE Disclosure Documents and understand the rules and regulations governing withdrawals from my DEPENDABLE account. I also certify that the information provided on this form is accurate and hereby instruct DEPENDABLE to distribute my account as I have indicated.

- By signing below, I authorize DEPENDABLE or its designees to withdraw funds according to the instructions above. I understand that if I have changed my address or the Account Owner, I cannot withdraw funds for 10 business days after the change.

- I understand that the earnings portion of Non-Qualified Withdrawals is subject to federal and state income tax and an additional 10% federal tax. I also understand that I am responsible for reporting the withdrawal on my income tax returns for the tax year the Non-Qualified Withdrawal was made.

- I understand that if I had taken a state income tax deduction or credit on my state income taxes I will need to check with my home state to determine if my deduction or credit is subject to recapture.

- If I am an Authorized Individual, I certify that I am authorized to act on the Account Owner's behalf in making this request and that this request is in the best interest of the Account Owner.

SIGNATURE

Signature of Account Owner or Authorized Individual

Date *(mm/dd/yyyy)*

SIGNATURE

Signature of Co-Authorized Individual *(Only if applicable)*

Date *(mm/dd/yyyy)*

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