

IL ABLE

Withdrawal Request Form

Use this form to request a full or partial withdrawal from your IL ABLE 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 IL
ABLE Disclosure Documents for more information.

Note: You can also request a withdrawal by telephone or online at **illinoisable.com.**

- We are required to file IRS Form 1099-QA if you take a withdrawal from your IL ABLE account.
- A recent contribution must be invested with IL ABLE 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 **illinoisable.com**, or you can call us to order any form — or request assistance in completing this form — at **1.888.609.8683** any business day from 8 a.m. to 5 p.m. CT.

| | 1.888.609.8683 | | | | |
|----------|-------------------------|--|--|--|--|
| — | 8 a.m. to 5 p.m. CT M-I | | | | |

illinoisable.com

il.clientservice@savewithable.com

Regular mailing address:

IL ABLE P.O. Box 219420 Kansas City, MO 64121

Overnight mailing address:

IL ABLE 920 Main Street, Suite 900 Kansas City, MO 64105

1. Account information

| Account Number |
|---|
| Account Owner Social Security or Taxpayer Identification Number (<i>Required</i>) |
| Name of Account Owner (first, middle initial, last) |
| Telephone Number |



| A. | of withdrawal (Choose only on Withdrawal via check made part Authorized Individual (if there is an | nyable to the Account O | wner. The check will be i | mailed to the Account Owner or |
|----|---|-------------------------------|---|--|
| В. | Withdrawal to the Bank Accou withdrawal request there will be a | | | |
| C | Withdrawal to a 3rd Party | | | |
| | | | | |
| | Payable To | | | |
| | Contact Name | | | |
| | | | | |
| | Memo Line | | | |
| | Mailing Address | | | |
| | | | | |
| | City | | State Zip | o Code |
| A | Full balance. Withdraw the entire Please check the box if you wo (if applicable). If your account reaccount will be closed. | uld like to close your IL ABL | E account and discontinue y | • |
| В | Important: If you contribute to yo these contributions. Partial amount of \$ | tely from among my curren | t Investment Options. If th | e amount you indicate exceeds the amount |
| C. | Partial amount as follows. | G 6 24.4 | o , our roourning ourning and | 5.17 a.1.a 5.555 75 a.1 a555 a.1. |
| | | | | ds the amount available for withdrawal, |
| | Name of Investment Option | | Dollar amount (For partial amounts.) | OR Total balance (Check if applicable.) |
| | Tumo or invocations option | | \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | |
| | | | \$ | |
| | | | \$ | |
| | | | \$ | |
| | 1 | | | |

4. Signature — YOU MUST SIGN BELOW

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