



INvestABLE Indiana Employed Account Owner Certification Form

- This form is to be completed and submitted by Employed Account Owners (including self-employed individuals) and/or their Authorized Individuals to authorize the INvestABLE Indiana Plan to accept annual contributions exceeding the Basic Annual Contribution Limit. For more information read the Plan Disclosure Booklet, visit the Plan website, or contact Customer Service.
- Annual contributions to ABLE Accounts are generally limited to the amount of the annual federal gift tax exclusion for the calendar year (the "Basic Annual Contribution Limit"), but there is an exception to this limit for some employed Account Owners. For more information read the Plan Disclosure Booklet, visit the Plan website, or contact Customer Service.
- Employed Account Owners who have earned income for the year, and who have not made or received any contributions to a 401(k) or other defined contribution plan (as described in the certifications in Section 2 of this form), a 403(b) annuity plan, or a 457(b) deferred compensation plan can contribute the annual federal gift tax exclusion amount plus the lesser of (i) the Account Owner's earned income for the calendar year; or (ii) the Federal Poverty Level for a one-person household in the Account Owner's state of residence for the previous calendar year. The contribution limit for those employed Account Owners is called the "Expanded Annual Contribution Limit".
- Employed Account Owners and/or their Authorized Individuals should carefully review this form and the explanation of the Annual Contribution Limit in the Plan Disclosure Booklet to ensure they are eligible to contribute additional amounts above the Basic Annual Contribution Limit and to understand how to calculate their Expanded Annual Contribution Limit.
- Employed Account Owners and/or their Authorized Individuals are solely responsible for calculating and tracking contributions, and ensuring compliance with their Annual Contribution Limit, and for maintaining adequate records for that purpose. Note that income contributed to an ABLE Account remains countable as income for SSI purposes.
- The Account Owner or their Authorized Individual must notify the Plan if the Account Owner no longer qualifies to make Expanded Annual Contribution Limit contributions. Contact the Plan at **1.888.609.3457** any business day from 8 a.m. to 5 p.m. ET.
- The Account Owner or Authorized Individual must notify the Plan if the Account Owner moves to a different state by updating the Account Owner's address either by logging into the Account online or by using the **Account Information Change Form**, which can be downloaded at **in.savewithable.com**.
- Capitalized terms used in this form, but not defined in this form, have the meanings provided in the Plan Disclosure Booklet.
- Consult a tax advisor before making any additional contributions above the annual federal gift tax exclusion amount.
- Type or print clearly, printing in capital letters and black ink. Please mail the form to the Plan. Do not staple.

Note: If you are sending this form with a contribution, the contribution will be invested according to the standing allocation instructions on file for the Account at the time this form is received in good order.

1.888.609.3457
8 a.m. to 5 p.m. ET M-F

FAX 1.617.559.8930

in.savewithable.com

in.clientservice@savewithable.com

Regular mailing address:

INvestABLE Indiana
P.O. Box 219342
Kansas City, MO 64121

Overnight mailing address:

INvestABLE Indiana
1001 E 101st Terrace, Suite 200
Kansas City, MO 64131

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Account Owner's Legal First Name (M.I.)

Account Owner's Legal Last Name

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SIGNATURE _____

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Date (mm/dd/yyyy)