

2. Signature — YOU MUST SIGN BELOW

- I hereby instruct the Kansas ABLE Savings Plan to allow me to contribute additional money to my Account in excess of the Annual Contribution Limit up to an amount equal to the poverty line for a one-person household for the prior year in my state of residence (the "Additional Annual Contribution Limit") or the Account Owner's earned income, whichever is less.
- I certify that the Account Owner is a paid employee (including an "employee" within the meaning of Internal Revenue Code ("IRC") section 401(c)) with respect to whom: (i) no contribution is or has been made for the taxable year to a defined contribution plan (within the meaning of IRC section 414(i)) with respect to which the requirements of IRC section 401(a) or 403(a) are met, (ii) no contribution is or has been made for the taxable year to an annuity contract described in IRC section 403(b), and (iii) no contribution is or has been made for the taxable year to an eligible deferred compensation plan described in IRC section 457(b). As such, I certify that the Account Owner is permitted to make contributions to his/her Account in excess of the normal Annual Contribution Limit, up to the lesser of (1) the Account Owner's compensation (as defined by IRC section 219(f)(1)) includible in the Account Owner's gross income for the taxable year, or (2) an amount equal to the Federal Poverty Level for a one-person household as determined for the preceding taxable year ("Personal Additional Annual Contribution Limit").
- I understand that it is the sole responsibility of the Account Owner or the Authorized Individual to ensure that the Account does not exceed the Annual Contribution Limit, the Additional Annual Contribution Limit, or the Personal Additional Annual Contribution Limit, if applicable. I understand that the Account Owner or Authorized Individual is solely responsible for ensuring the Account does not exceed the above referenced limits, even if some contributions come from sources other than the Account Owner or Authorized Individual. The Plan Administrators will not be responsible for any adverse tax or means-tested benefit consequences or other loss, damage, or expense incurred in connection with rejected contributions, contributions in excess of any applicable contribution limit, or the return of excess contributions. Excess Contributions applied to an Account and not returned to the Contributor on or before the due date (including extensions) of the Account Owner's income tax return for the year in which the Excess Contributions were made will result in the imposition on the Account Owner of a six percent (6%) excise tax on the amount of Excess Contributions.
- I understand that my Personal Additional Annual Contribution Limit may be lower than the Additional Annual Contribution Limit if my compensation is lower than the poverty line for the prior year in my state of residence. I certify that the Account Owner or Authorized Individual will notify the Kansas ABLE Savings Plan if the Account Owner is no longer eligible to make additional contributions in excess of the Annual Contribution Limit or if the Account Owner moves to a state with a different poverty line. I understand that the Kansas ABLE Savings Plan will not adjust the Personal Additional Annual Contribution Limit without such notice, which could result in the Account Owner making contributions in excess of an applicable contribution limit.
- All information provided by me is true and correct and may be relied upon by the Plan Administrators.

SIGNATURE

Signature of Account Owner/Authorized Individual

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Date (mm/dd/yyyy)