Kansas ABLE Savings Plan

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Additional Contribution Form

- Use this form to make additional contributions to a Kansas ABLE Savings Plan Account by check.
- Clearly print all required information and include a check payable to **Kansas ABLE Savings Plan** for an amount matching the amount below.
- The minimum contribution amount is $25.00.
- Type or print clearly, printing in capital letters and black ink. Please mail the form to the Plan. Do not staple.

Note: Your contribution will be invested according to the standing allocation instructions on file for your account at the time this form is received in good order.

Forms can be downloaded from our website at **ks.savewithable.com,** or you can call us to order any form — or request assistance in completing this form — at **1.888.609.8919** any business day from 8 a.m. to 5 p.m. CT.

1.888.609.8919
8 a.m. to 5 p.m. CT M-F

ks.savewithable.com

ks.clientservice@savewithable.com

Regular mailing address:
Kansas ABLE Savings Plan
P.O. Box 219266
Kansas City, MO 64121

Overnight mailing address:
Kansas ABLE Savings Plan
920 Main Street, Suite 900
Kansas City, MO 64105

1. Account information

☐☐☐☐☐☐☐☐☐ – ☐☐
Account Number *(Include your account number on your check.)*

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

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Telephone Number

2. Amount of check

Important: All checks must be payable to **Kansas ABLE Savings Plan.**

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Amount

KANSAS ABLE ADDL CONTRIBUTION