

2. Investment Option Change

- For each Investment Option you wish to change, indicate the percentage of assets you want moved and where you want the assets invested.
- See the Kansas ABLE Savings Plan Disclosure Documents, available at ks.savewithable.com, for complete information on Investment Options.
- Your total Investment Option percentages must equal **100%**.

Remember: Federal law allows Account Owners to make two Investment Option changes each calendar year.

Note: This change applies only to the assets currently held in your account; it will not affect the allocation of your future investments.

Exchange FROM		Investment Option	Exchange TO
<i>All</i>	<i>Percentage</i>		
<input type="checkbox"/>	OR	<input type="text"/> <input type="text"/> %	Aggressive <input type="text"/> <input type="text"/> <input type="text"/> %
<input type="checkbox"/>	OR	<input type="text"/> <input type="text"/> %	Moderately Aggressive <input type="text"/> <input type="text"/> <input type="text"/> %
<input type="checkbox"/>	OR	<input type="text"/> <input type="text"/> %	Growth <input type="text"/> <input type="text"/> <input type="text"/> %
<input type="checkbox"/>	OR	<input type="text"/> <input type="text"/> %	Moderate <input type="text"/> <input type="text"/> <input type="text"/> %
<input type="checkbox"/>	OR	<input type="text"/> <input type="text"/> %	Moderately Conservative <input type="text"/> <input type="text"/> <input type="text"/> %
<input type="checkbox"/>	OR	<input type="text"/> <input type="text"/> %	Conservative <input type="text"/> <input type="text"/> <input type="text"/> %
<input type="checkbox"/>	OR	<input type="text"/> <input type="text"/> %	Checking Option <i>(May not be available for accounts with Co-Authorized Individuals)</i> <input type="text"/> <input type="text"/> <input type="text"/> %
			1 0 0 %

3. Allocation instructions for future contributions

- Whether or not you made an investment change in **Section 2**, if you want to change how future contributions are allocated to your Investment Options, indicate the new allocations below.
- If you have added additional Investment Options in **Section 2**, please be sure that the allocations below reflect the correct Investment Options for your future contributions.
- Your future contributions will not affect assets currently held in your account.
- Your total Investment Option percentages must equal **100%**.

Aggressive	<input type="text"/> <input type="text"/> <input type="text"/> %
Moderately Aggressive	<input type="text"/> <input type="text"/> <input type="text"/> %
Growth	<input type="text"/> <input type="text"/> <input type="text"/> %
Moderate	<input type="text"/> <input type="text"/> <input type="text"/> %
Moderately Conservative	<input type="text"/> <input type="text"/> <input type="text"/> %
Conservative	<input type="text"/> <input type="text"/> <input type="text"/> %
Checking Option <i>(May not be available for accounts with Co-Authorized Individuals)</i>	<input type="text"/> <input type="text"/> <input type="text"/> %
1 0 0 %	

4. Checking Option Information *(only to be completed if you select the Checking Option in Section 2 or 3 and you do not currently or have not previously invested in the Checking Option.)*

***Important Information about the Checking Option:**

- You will receive a free debit card within 10 days after the Checking Option is funded and you have the option to order checks for a nominal fee.

(optional) Please send me a check book that contains 50 checks. A fee of \$6.00 will be assessed to the Checking Option. The check book will be shipped when the balance of the Checking Option is at least \$25.00.

5. Signature — YOU MUST SIGN BELOW

- I certify that I have read, understand, consent, and agree to all the terms and conditions of the Kansas ABLE Savings Plan Disclosure Documents and understand the rules and regulations of the Kansas ABLE Savings Plan as they relate to this Investment Option Change/Future Contribution Allocation request.
- By signing below, I authorize the Program Manager or its designees to change my Investment Options and/or my allocations for future contributions according to the instructions above.
- If I am selecting the Checking Investment Option, I hereby acknowledge that I have received, read, and that by signing this form, agree to the Checking Investment Option Terms and Conditions.
- As an Authorized Individual, I certify that I am authorized to act on the Account Owner’s behalf in making this request and that the 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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