

4. Electronic Funds Transfer (EFT)

Complete this section to add, change, or delete the ability to make contributions using electronic funds transfer from a bank account into your MiABLE account. We will keep your bank instructions on file for future EFT contributions. You can transfer funds from your bank account to your MiABLE account at any time by calling us, or by requesting a transfer online. The Plan may place a limit on the total dollar amount per day you may contribute to an account by EFT.

- You can add, change, or delete the ability to make EFT contributions by accessing your account online at **mi.savewithable.com**.
- Account Owners and others can each contribute to a MiABLE Disability Savings Program account through EFT. To add additional EFT instructions or multiple bank accounts, complete and include **Section 4** and **Section 5** for each.
- Contribution will be held for 5 business days before becoming available for withdrawal. *(6 business days for checking option)*
- Your contribution will be allocated according to the existing allocation percentages.

 Add

 Delete

 Change bank account information *(Provide the information in **Section 5**)*

5. Bank information

- Complete this section if you are adding a recurring contribution or EFT to your account or if you are changing bank account information.
- Recurring contribution and EFT can be made only through accounts held by a U.S. bank, savings and loan association, or credit union that is a member of the Automated Clearing House (ACH) network. Money market mutual funds and cash management accounts offered through non-bank financial companies cannot be used.
- If you are changing or adding banking instructions at the same time of a withdrawal request there will be a 15 calendar day hold before the withdrawal can be processed.

Important: By signing this Form, you agree and confirm that your ACH transactions will not involve the branches or offices of a bank or other financial services company located outside the territorial jurisdiction of the United States.

Bank Name

Bank Routing Number

Bank Account Number

Account Type:
(Check One) Checking Savings

Names on Bank Account

Name *(first, middle initial, last)*

Name *(first, middle initial, last)*

If you are not the account owner the named account owner(s) must authorize this AIP and/or EFT by signing here:

Signature

Date *(mm/dd/yyyy)*

Signature

Date *(mm/dd/yyyy)*

Note: The routing number is usually located in the bottom left corner of your checks. You can also ask your bank for the routing number.

6. Systematic Withdrawal Program (SWP) (Optional)

- Complete this section to establish periodic withdrawals from your MiABLE account.
- We are required to file IRS Form 1099-QA annually for withdrawals taken from your MiABLE account. You can have up to two SWPs on your account.
- If the balance of the Investment Option is less than the SWP amount specified, the SWP instructions will be stopped.

Important: Your withdrawal will be held if a contribution is not on deposit for 5 business days (6 business days for checking option) or 10 business days if the address to which you have requested the withdrawal to be sent has changed. The withdrawal will be released when the specified waiting period has been satisfied.

A. Activate the SWP for my MiABLE account.

Frequency (Check One): Monthly Quarterly Semi-Annually Annually

Start Date:* — —
Date (mm/dd/yyyy)

End Date (Optional): — —
Date (mm/dd/yyyy)

*The first systematic withdrawal will occur on the start date indicated above if received within 3 business days of that date; otherwise, the systematic withdrawal will begin the following month. The withdrawal date may occur from the first day of a given month through day 28 of that month. If the date falls on a weekend or holiday, it will be processed on the following business day.

I authorize MiABLE Disability Savings Program to withdraw from the following Investment Option(s)

\$
Investment Option Dollar Amount

\$
Investment Option Dollar Amount

\$
Investment Option Dollar Amount

B. SWP Recipient.

Account Owner (Address on record.)

Bank Account on File

3rd Party

Payable To

Contact Name

Memo Line

Mailing Address

—
City State Zip Code

7. Systematic Exchange Program (SEP) (Optional)

The Systematic Exchange Program allows you to move money from one Investment Option to one or more other Investment Options within your account on a pre-scheduled basis.

- When setting up a Systematic Exchange Program there must be a minimum of \$500 in the Investment Option you wish to exchange from. You may select to move the funds from one Investment Option to one or more other Investment Option(s).
- You must designate a minimum of \$50 for each monthly or quarterly scheduled exchange.
- Creating a Systematic Exchange using money that is already invested in your account will count toward your twice per calendar year investment change limit.
- Creating a Systematic Exchange with new money contributed to your account will NOT count toward your twice per calendar year investment change limit. To start a Systematic Exchange using new money you must mail a contribution check with this completed form to the Plan.
- You cannot select the Checking Option as an "Exchange from Investment."
- If you make any changes to an established Systematic Exchange Program it will count toward your twice per calendar year Investment Option change limit.

Account Number: —

Frequency (Check One): Monthly Quarterly (3 months from the start date)

Day of Month:*

*The first systematic exchange will occur on the day of the month indicated above if received within 3 business days of that date; otherwise, the systematic exchange will begin the following month. If a date is not specified, the exchange will take place on the 10th day of the month.

Exchange From Investment Option:

Exchange To Investment Option per Exchange Period:

\$
Investment Option Dollar Amount (\$50 Minimum)

\$
Investment Option Dollar Amount (\$50 Minimum)

\$
Investment Option Dollar Amount (\$50 Minimum)

Stop Options (required) (Select One):

When Complete Balance of the "Exchange from" Investment Option is depleted.

Stop Date: — —
Date (mm/dd/yyyy)

By completing this section and signing this Form, I authorize MiABLE Disability Savings Program to process the periodic exchanges as indicated. I understand that making changes to an established Systematic Exchange Program will count toward my twice per calendar year Investment Option change limit.

8. Signature — YOU MUST SIGN BELOW

- I certify that I have read and understand, consent, and agree to all the terms and conditions of the MiABLE Disclosure Documents as they relate to adding, deleting, or changing financial features.
- By signing below, I authorize MiABLE Disability Savings Program or its designee to add, delete, or change financial features according to the instructions above.
- If I have added or changed banking information in **Section 5**, I certify that I am listed as an Account Owner on the bank account so indicated or that the account owners of such bank account have authorized me to institute this recurring contribution and/or EFT service from their account on their behalf.
- If I am an Authorized Individual, I certify that I am authorized to act on the Account Owner’s behalf in making this request. If the account is owned by a minor, I further certify that I am the Parent or Guardian or Authorized Individual of the Account Owner identified in **Section 1**.
- I certify that the information provided herein is true and complete in all respects. I understand that all changes made on this form supersede all my previous designations.
- If I have set up the recurring contribution or EFT, I authorize the Program Manager and its designees, upon telephone or online request, to pay amounts representing withdrawals made by me or to secure payment of amounts invested by me, by initiating credit or debit entries to my account at the bank named in **Section 5**. I authorize the bank to accept any such credits or debits to my account without responsibility to their correctness. I acknowledge that the origination of transactions involving my bank account must comply with U.S. law. I further agree that neither MiABLE Disability Savings Program, nor the Program Manager or its authorized agents or any of their affiliates will not incur any loss, liability, cost, or expense for acting upon my telephone or online request. I understand that this authorization may be terminated by me at any time by notifying the Program Manager and the bank by telephone or in writing, and that the termination request will be effective as soon as the Program Manager and the bank have had a reasonable amount of time to act upon it. I certify that I have authority to transact on the bank account identified by me in **Section 5** or that the account owners of such bank account have authorized me to institute this recurring contribution and/or EFT service from their account on their behalf.

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)