



### 3. Payroll Direct Deposit instructions

**Check one:**     Start Payroll Direct Deposits     Change Amount     Stop Payroll Direct Deposits  
*(Skip to **Section 4**)*

Deduct \$       from my paycheck each pay period and contribute to my MiABLE Account.

### 4. 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 and understand the rules and regulations governing MiABLE Disability Savings Program. Further, I understand that neither MiABLE Disability Savings Program, or their agents or affiliates are responsible for any claims I may make and/or losses resulting from my employer's failure to timely and accurately process my contributions via payroll direct deposit.

SIGNATURE

Signature of Account Owner or Authorized Individual

—   —

Date (mm/dd/yyyy)

SIGNATURE

Signature of co-guardian or co-conservator *(Only if applicable)*

—   —

Date (mm/dd/yyyy)