





**4. Signature — YOU MUST SIGN BELOW**

- I certify that I have read, understand, consent, and agree to all terms and conditions of the MiABLE Disclosure Documents and understand the rules and regulations governing withdrawals from my MiABLE account. I also certify that the information provided on this form is accurate and hereby instruct MiABLE Disability Savings Program to distribute my account as I have indicated.
- By signing below, I authorize MiABLE Disability Savings Program or its designees to withdraw funds according to the instructions above. I understand that if I have changed my address or the Account Owner, I cannot withdraw funds for 10 business days after the change.
- I understand that the earnings portion of Non-Qualified Withdrawals is subject to federal and state income tax and an additional 10% federal tax. I also understand that I am responsible for reporting the withdrawal on my income tax returns for the tax year the Non-Qualified Withdrawal was made.
- I understand that if I had taken a state income tax deduction or credit on my state income taxes I will need to check with my home state to determine if my deduction or credit is subject to recapture.
- If I am an Authorized Individual, I certify that I am authorized to act on the Account Owner’s behalf in making this request and that this 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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