

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 Minnesota ABLE Plan 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 Minnesota ABLE Plan Disclosure Documents and understand the rules and regulations governing the Minnesota ABLE Plan. Further, I understand that neither the Minnesota ABLE Plan, 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)