

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 the Mississippi ABLE Plan Account. Mississippi ABLE will keep the bank instructions on file for future EFT contributions. You can transfer assets from a bank account to the Mississippi ABLE Account at any time by calling Customer Service, or by requesting a transfer online. The Plan may place a limit on the total dollar amount per day that can be contributed to an Account by EFT.

- You can add, change, or delete the ability to make EFT contributions by accessing the Account online at **ms.savewithable.com**.
- If you are adding or changing the bank account associated with an EFT, please also complete **Section 5**.
- Account Owners and others can each contribute to an Mississippi ABLE Plan Account through EFT. To add additional EFT instructions or multiple bank accounts, complete and submit a separate **Account Financial Features Form** for each.
- Contributions to the Asset Allocation Options by EFT will be held for 5 or 6 business days. Contributions to the Checking Account Option by EFT will be held for 6 or 7 business days before becoming available for withdrawal.
- Following a change to the bank information on file there will be a hold of 15 calendar days before issuing funds to the new bank account.
- Contributions will be allocated according to the existing allocation instructions.

Add Delete Change bank account information

5. Bank information

- Complete this section if you are adding a recurring contribution or EFT to the Account or if you are changing bank account information.
- To electronically transfer assets by recurring contributions and/or EFT, the financial institution must be a member of the Automated Clearing House (ACH).
- If you are changing or adding bank instructions, there will be a hold of 15 calendar days before issuing funds to the new bank account.

Important: By adding this account, you are acknowledging that the bank or financial institution is located in the U.S. and/or adheres to U.S. banking regulations.

Bank Name

Bank Routing Number

Bank Account Number

Account Type
(Check One)

Checking

Savings

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

Name(s) on Bank Account

Name (First, Middle Initial, Last, or Entity Name)

Name (First, Middle Initial, Last)

If you are not the bank account owner, the named bank account owner(s) must authorize transactions involving this account by signing here:

Name (First, Middle Initial, Last)

Signature

Date (mm-dd-yyyy)

Name (First, Middle Initial, Last)

Signature

Date (mm-dd-yyyy)

6. Systematic Withdrawal Program (SWP)

- Complete this section to establish regularly scheduled withdrawals from the Plan Account.
- An Account can have up to two SWPs. To add multiple SWPs on the Account, complete and submit a separate **Account Financial Features Form** for each one.
- Systematic withdrawals can be scheduled from Asset Allocation Options and/or the Checking Account Option.
- If the balance of the Investment Option is less than the SWP amount specified, the current and any future SWPs linked to that Investment Option will be cancelled.

Important: Contributions to the Asset Allocation Options will be available for withdrawal after 5 to 6 business days. Contributions to the Checking Account Option will be available for withdrawal after 6 or 7 business days. Following a change to the bank information on file there will be a hold of 15 calendar days before issuing funds to the new bank account.

A. Activate the SWP for the Mississippi ABLE Plan Account.

Frequency (Select one): **Monthly** **Quarterly** **Semi-Annually** **Annually**

Start Date:* — —
Date (mm/dd/yyyy)

End Date:* — —
Date (mm/dd/yyyy)

* The first systematic withdrawal will occur on the start date indicated above if instructions are received at least 3 business days before that date. Otherwise, the systematic withdrawal will begin the following month, quarter, semi-annual or annual period indicated above. The withdrawal date may occur between the first day of a month through the 28th day of the month. If the date falls on a weekend or holiday, it will be processed on the following business day.

I authorize Mississippi ABLE to withdraw from the following Investment Option(s)

<input type="text" value="Aggressive Option"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Dollar Amount
<input type="text" value="Moderately Aggressive Option"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Dollar Amount
<input type="text" value="Growth Option"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Dollar Amount
<input type="text" value="Moderate Option"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Dollar Amount
<input type="text" value="Moderately Conservative Option"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Dollar Amount
<input type="text" value="Conservative Option"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Dollar Amount
<input type="text" value="Money Market Option"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Dollar Amount
<input type="text" value="Checking Account Option"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Dollar Amount

A. Establish new SEP with assets already in the Account. Establishing a new SEP using assets that are already in the Account will count as one of the two changes to the Investment Options permitted each calendar year.

Frequency (Select one.): **Monthly** **Quarterly** (3 months from the start date)

Start Date:* — —
Date (mm/dd/yyyy)

* The first systematic exchange will occur on the day of the month indicated above if instructions are received at least 3 business days before 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 Asset Allocation Investment Option:

Exchange To Investment Option:

Aggressive Option \$
Dollar Amount (\$50 minimum)

Moderately Aggressive Option \$
Dollar Amount (\$50 minimum)

Growth Option \$
Dollar Amount (\$50 minimum)

Moderate Option \$
Dollar Amount (\$50 minimum)

Moderately Conservative Option \$
Dollar Amount (\$50 minimum)

Conservative Option \$
Dollar Amount (\$50 minimum)

Money Market Option \$
Dollar Amount (\$50 minimum)

Checking Account Option \$
Dollar Amount (\$50 minimum)

Stop Options (required) (Select One):

When Complete Balance of the "Exchange From" Investment Option(s) is depleted.

Stop Date on a specific date: — —
Date (mm/dd/yyyy)

B. Stop an existing SEP identified below.

Exchange From Asset Allocation Investment Option:

Exchange To Investment Option(s):

Stop Date: — —
Date (mm/dd/yyyy)

By completing this section and signing this Form, I authorize Mississippi ABLE to process the SEP as indicated. I understand that stopping an existing SEP and establishing a new SEP using assets already in the Account will count toward the twice-per-calendar-year limit on changing Investment Options.

8. Signature — YOU MUST SIGN BELOW

- By signing below, I certify that I have read and understand, consent to, and agree to all the terms and conditions of the Plan Disclosure Booklet as currently in effect and understand the rules and regulations as they relate to adding, deleting, or changing the Account financial features addressed in this form.
- By signing below, I authorize Mississippi ABE or its designee to add, delete, or change financial features according to the instructions above.
- If I have added or changed bank 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 initiate transactions on their bank account on their behalf by signing in **Section 5**.
- If I am an Authorized Individual, I certify that I am authorized to act on the Account Owner's behalf in making this request.
- I certify that the information provided in this form is true and complete in all respects. I understand that all changes made on this form supersede all my previous instructions.
- If I have chosen the recurring contribution, SWP, or EFT option, I authorize the Plan and its designees, upon receipt of this form or telephone or online request, to pay amounts representing redemptions made by me or to secure payment of amounts invested by me, by initiating credit or debit entries to the account at the bank named in **Section 5**. I authorize the bank to accept any such credits or debits to the account without responsibility to their correctness. I acknowledge that the origination of transactions involving the bank account named in Section 5 must comply with U.S. law. I further agree that the Plan Administrators or their authorized agents will not incur any loss, liability, cost, or expense for acting upon the receipt of this form or my telephone or online requests. I understand that this authorization may be terminated by me at any time by notifying the Plan and the bank by telephone or in writing, and that the termination request will be effective as soon as the Plan 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 initiate this recurring contribution, SWP, and/or EFT service from their account on their behalf.

Account Owner or Authorized Individual Name (First, Middle Initial, Last)

Signature of Account Owner or Authorized Individual

Date (mm-dd-yyyy)

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