



Mississippi ABL Payroll Direct Deposit

- Use this form to start, change, or stop payroll direct deposit instructions on your existing Mississippi ABL Account.
After this form is processed you will receive a Payroll Direct Deposit Confirmation Form, which you must sign and submit to your employer's payroll department.
Type or print clearly, printing in capital letters and black ink. Please mail the form to the Plan. Do not staple.

Forms can be downloaded from our website at ms.savewithable.com, or you can call us to order any form or request assistance in completing this form at 1.888.609.3469 any business day from 8 a.m. to 5 p.m. CT.

1.888.609.3469 8 a.m. to 5 p.m. CT M-F

ms.savewithable.com

ms.clientservice@savewithable.com

Regular mailing address:

Mississippi ABL P.O. Box 219564 Kansas City, MO 64121

Overnight mailing address:

Mississippi ABL 920 Main Street, Suite 900 Kansas City, MO 64105

1. Account Owner information

Account Number input boxes

Account Number

Name of Account Owner input boxes

Name of Account Owner (first, middle initial, last)

Telephone Number input boxes

Telephone Number

2. Employer information

Name of Employer input boxes

Name of Employer

Address input boxes

Address

City input boxes

City

State input boxes

State

Zip Code input boxes

Zip Code

Payroll Department Contact Name input box

Payroll Department Contact Name

Telephone Number input boxes

Telephone Number

Extension input boxes

Extension (if any)



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