




MONTANA ABL

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Withdrawal Request Form

- Use this form to request a full or partial withdrawal, including an Indirect Rollover, from the Montana ABL Account. An Indirect Rollover occurs when assets are withdrawn from an Account by check and contributed to a different ABL account for the same Account Owner or to a Sibling's ABL account within 60 days of the withdrawal date.
- Withdrawals can be made from any Investment Option.
- A withdrawal request may also be made by telephone or online at **mt.savewithable.com**.
- Account Owners and/or their Authorized Individuals should carefully review the information in the Plan Disclosure Booklet related to the potential tax consequences associated with Non-Qualified Withdrawals and Qualified Withdrawals not spent within the same calendar year or within the first 60 days of the next calendar year. Account Owners and/or their Authorized Individuals should also carefully review the Plan Disclosure Booklet for important information about Rollovers out of the plan, as well as the potential consequences related to a transfer of assets that does not meet the Rollover conditions explained in the Plan Disclosure Booklet. Account Owners and/or Authorized Individuals should consult a tax advisor with any questions related to these activities.
- Contributions to the Investment Options, except for the Checking Account Option, will be held for 5 or 6 business days before being available for withdrawal. Contributions to the Checking Account Option will be held for 6 or 7 business days before being available for withdrawal.
- Withdrawals are generally processed within 3 business days of accepting the request. During periods of market volatility and at year-end, withdrawal requests may take up to 5 business days to process. From the date of request it can take up to 10 business days for the proceeds to reach the payee.
- Following a change to the bank account information on file there will be a hold of 15 calendar days before issuing funds to the new bank account.
- Account Owners and/or their Authorized Individuals should retain documentation (for example, receipts) of all Qualified Disability Expenses with their records.
- Capitalized terms used in this form, but not defined in this form, have the meanings provided in the Plan Disclosure Booklet.
- 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 **mt.savewithable.com**, or you can call Customer Service to request any form — or request assistance in completing this form — at **1.888.609.3461** any business day from 8 a.m. to 5 p.m. MT.

 **1.888.609.3461**
8 a.m. to 5 p.m. MT M-F

FAX 1.617.559.8932

 **mt.savewithable.com**

 **mt.clientservice@savewithable.com**

Regular mailing address:

Montana ABL
P.O. Box 219234
Kansas City, MO 64121

Overnight mailing address:

Montana ABL
1001 E 101st Terrace, Suite 200
Kansas City, MO 64131

1. Account information (all fields required)

Account Number

Account Owner's Legal First Name

M.I.

Account Owner's Legal Last Name

Last 4 Digits of Account Owner's Social Security Number

Telephone Number

2. Type of withdrawal (Choose only one)

A. **Withdrawal by check made payable to the Account Owner.** Note: For Accounts established by the Account Owner and Accounts where an Account Owner with Legal Capacity has designated an Authorized Individual as their agent under power of attorney, the check will be mailed to the Account Owner's mailing address. For Accounts established by an Authorized Individual for a minor or an adult without Legal Capacity, the check will be mailed to the Authorized Individual's mailing address.

B. **Withdrawal to the bank account on file.** 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.

C. **Withdrawal to a 3rd Party**

Payable To

Contact Name

Memo Line

Mailing Address

City State Zip Code

D. **Indirect rollover.** A check and a statement of contributions and earnings will be mailed as follows: For Accounts established by the Account Owner and Accounts where an Account Owner with Legal Capacity has designated an Authorized Individual as their agent under power of attorney, the check will be mailed to the Account Owner's mailing address. For Accounts established by an Authorized Individual for a minor or an adult without Legal Capacity, the check will be mailed to the Authorized Individual's mailing address.

