





### 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 your NH ABLÉ Plan Account. We will keep your bank instructions on file for future EFT contributions. You can transfer funds from your bank account to your NH ABLÉ Plan Account at any time by calling us, or by requesting a transfer online. The Plan may place a limit on the total dollar amount per day you may contribute to an Account by EFT.

- You can add, change, or delete the ability to make EFT contributions by accessing your Account online at **nh.savewithable.com**.
- Account Owners and others can each contribute to a NH ABLÉ Plan Account through EFT. To add additional EFT instructions or multiple bank accounts, complete and include **Section 4** and **Section 5** for each.
- Contribution will be held for 5 business days before becoming available for withdrawal. *(6 business days for the Checking Option.)*
- Your contribution will be allocated according to the existing allocation percentages.

Add       Delete       Change bank account information *(Provide the information in **Section 5**.)*

### 5. Bank information

- Complete this section if you are adding a recurring contribution or EFT to your Account or if you are changing bank account information.
- Recurring contribution and EFT can be made only through accounts held by a U.S. bank, savings and loan association, or credit union that is a member of the Automated Clearing House (ACH) network. Money market mutual funds and cash management accounts offered through non-bank financial companies cannot be used.
- If you are changing or adding banking instructions at the same time of a withdrawal request there will be a 15 calendar day hold before the withdrawal can be processed.

**Important:** By signing this Form, you agree and confirm that your ACH transactions will not involve the branches or offices of a bank or other financial services company located outside the territorial jurisdiction of the United States.

Bank Name

Bank Routing Number

Bank Account Number

Account Type:    
*(Check One)*    Checking    Savings

#### Names on Bank Account

Name *(first, middle initial, last)*

Name *(first, middle initial, last)*

If you are not the account owner, the named account owner(s) must authorize this AIP and/or EFT by signing here:

Signature

Date *(mm/dd/yyyy)*

Signature

Date *(mm/dd/yyyy)*

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





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

- I certify that I have read and understand, consent, and agree to all the terms and conditions of The NH ABLE Plan Disclosure Documents as they relate to adding, deleting, or changing financial features.
- By signing below, I authorize The NH ABLE Plan or its designee to add, delete, or change financial features according to the instructions above.
- If I have added or changed banking 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 institute this recurring contribution and/or EFT service from their account on their behalf.
- If I am an Authorized Individual, I certify that I am authorized to act on the Account Owner’s behalf in making this request. If the Account is owned by a minor, I further certify that I am the Parent or Guardian or Authorized Individual of the Account Owner identified in **Section 1**.
- I certify that the information provided herein is true and complete in all respects. I understand that all changes made on this form supersede all my previous designations.
- If I have set up the recurring contribution or EFT, I authorize the Program Manager and its designees, upon telephone or online request, to pay amounts representing withdrawals made by me or to secure payment of amounts invested by me, by initiating credit or debit entries to my account at the bank named in **Section 5**. I authorize the bank to accept any such credits or debits to my account without responsibility to their correctness. I acknowledge that the origination of transactions involving my bank account must comply with U.S. law. I further agree that neither The NH ABLE Plan, nor the Program Manager or its authorized agents or any of their affiliates will not incur any loss, liability, cost, or expense for acting upon my telephone or online request. I understand that this authorization may be terminated by me at any time by notifying the Program Manager and the bank by telephone or in writing, and that the termination request will be effective as soon as the Program Manager 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 institute this recurring contribution and/or EFT service from their account on their behalf.

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)