

## The NH ABLE Plan

## **Payroll Direct Deposit**

- Use this form to start, change, or stop payroll direct deposit instructions on your existing NH ABLE Plan Account. You may also provide your payroll direct deposit instructions when you log on to our website at nh.savewithable.com. (If you have not established an Account, you must also complete and enclose an Enrollment Form.)
- 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. Your payroll direct deposit instructions will not take effect until your
   employer has accepted your signed form.
- 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 **nh.savewithable.com**, or you can call us to order any form — or request assistance in completing this form — at **1.888-609-3263** any business day from 8 a.m. to 5 p.m. ET.

1.888.609.3263 8 a.m. to 5 p.m. ET M-F	
nh.savewithable.com	
nh.clientservice@savewithable.	.com
Regular mailing address: The NH ABLE Plan P.O. Box 219386 Kansas City, MO 64121	
Overnight mailing address: The NH ABLE Plan 1001 E 101st Terrace, Suite 200 Kansas City MO 64131	

Account Owne	er infor	matio	n												
Account Number				- [											
Name of Account Owner	er (first, mia	dle initia	al, last)												_
Telephone Number															
Employer info	rmatior	l													
Employer info	rmatior														_
	rmatior														
Name of Employer	rmatior							Sta	l	Zip	Code				



3.	Payroll Direct Deposit Instructions		
	Check one: Start Payroll Direct Deposits	Change Amount	Stop Payroll Direct Deposits (Skip to <b>Section 4</b> )
	Deduct \$, from my paycheck each pay pe	eriod and contribute to my NH	I ABLE Plan Account.
4.	Signature — YOU MUST SIGN BELOW		
	I certify that I have read and understand, consent, and agree to all t and understand the rules and regulations governing The NH ABLE F agents or affiliates are responsible for any claims I may make and/o process my contributions via payroll direct deposit.	Plan. Further, I understand tha	at neither The NH ABLE Plan, or their
	SIGNATURE Signature of Account Owner or Authorized Individual	Dat	te (mm/dd/yyyy)
	SIGNATURE Signature of Co-Guardian or Co-Conservator (Only if applicable)		
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