ABLE NEVADA

ABLE Nevada

Account Financial Features Form

- Use this form to add, change, or delete the following: recurring contribution; Electronic Funds Transfer (EFT); bank information; Systematic Withdrawal Program (SWP); or Systematic Exchange Program (SEP) on the ABLE Nevada Plan Account.
- Refer to the Plan Disclosure Booklet prior to completing this form for important information and descriptions of the above.
- 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 ABLE Nevada. Do not staple.

Forms can be downloaded from our website at **nv.savewithable.com**, or you can call Customer Service to request any form — or request assistance in completing this form — at **1.888.609.8916** any business day from 8 a.m. to 5 p.m. PT.

1.888.609.8916
8 a.m. to 5 p.m. PT M-F

FAX **1.617.559.8922**

nv.savewithable.com

nv.clientservice@savewithable.com

Regular mailing address:
ABLE Nevada
P.O. Box 219538
Kansas City, MO 64121

Overnight mailing address:
ABLE Nevada
1001 E 101st Terrace, Suite 200
Kansas City, MO 64131

1. Current Account Owner information

☐☐☐☐☐☐☐☐☐ – ☐☐
Account Number

Account Owner's Legal First Name (M.I.)

Account Owner's Legal Last Name

Last 4 digits of the Account Owner's Social Security number

☐☐☐ – ☐☐☐ – ☐☐☐☐
Telephone Number

2. Features to add, update, or delete (Check all that apply).

☐ Recurring contribution — (Complete **Sections 3, 5** and **8**)

☐ Electronic Funds Transfer (EFT) — (Complete **Sections 4, 5** and **8**)

☐ Bank information — (Complete **Sections 5** and **8**)

☐ Systematic Withdrawal Program (SWP) — (Complete **Sections 6** and **8**)

☐ Systematic Exchange Program (SEP) — (Complete **Sections 7** and **8**)

3. Recurring Contribution

- Complete this section to add, change, or delete recurring contributions from a bank account.
- You can also add, change, or delete recurring contributions by accessing the Account online at **nv.savewithable.com**.
- To skip a scheduled recurring contribution, please call the Plan at **1.888.609.8916**.
- To add, change, or delete multiple recurring contribution instructions or multiple bank accounts, complete and submit a separate **Account Financial Features Form** for each one.
- Contributions to the Asset Allocation Options by recurring contribution will be held for 5 or 6 business days before becoming available for withdrawal. Contributions to the Checking Account Option by recurring contribution 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.
- The contribution will be allocated according to the existing allocation instructions.

Money can be transferred from a bank account into the Plan Account on a set schedule. (Check all that apply).

☐ Add this option to the Account. (Provide the information below and in **Section 5**).

☐ Change or delete the existing recurring contribution identified below:

Bank Name

☐☐☐☐ Last four digits of the bank account number

$☐,☐☐☐.☐☐ Amount of recurring contribution

Frequency and date when the recurring contribution normally occurs (e.g. monthly on the 15th)

A. ☐ Change the recurring contribution amount, frequency, and/or debit date of the existing recurring contribution identified above. (Provide the information below).

B. ☐ Change the bank account information for the existing recurring contribution identified above. (Provide the information in **Section 5**).

C. ☐ Delete the existing recurring contribution identified above. If you need to delete more than one recurring contribution, complete and submit a separate **Account Financial Features Form** for each.

If you are deleting an existing recurring contribution, do not complete the boxes below.

Amount of Debit from Bank Account: ☐ $25 ☐ $50 ☐ $100 ☐ $150 ☐ Other **$**☐,☐☐☐.☐☐ Amount

Frequency (Select one)**:** ☐ **Monthly** ☐ **Quarterly** (Every three months.) **OR** ☐ **Custom** (Check all months below for the recurring contribution to occur)

☐ January ☐ February ☐ March ☐ April ☐ May ☐ June
☐ July ☐ August ☐ September ☐ October ☐ November ☐ December

Day of Month* ☐☐

*The Plan must receive instructions at least 3 business days prior to the start date specified; otherwise, this recurring contribution will begin on the following monthly, quarterly, or custom period indicated. If the date is not specified, this recurring contribution will begin on the 15th day of the month following receipt of the request.

☐ **Annual Increase.** You may increase the recurring contribution automatically on an annual basis. The contribution will be adjusted each year in the month that you specify by the amount indicated below.

Amount of increase: **$**☐,☐☐☐.☐☐

Month**: ☐☐☐☐☐☐☐☐☐☐

**The month in which the recurring contribution will be increased.

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 ABLE Nevada Plan Account. ABLE Nevada will keep the bank instructions on file for future EFT contributions. You can transfer assets from a bank account to the ABLE Nevada 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 **nv.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 ABLE Nevada 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

Signature

☐☐ — ☐☐ — ☐☐☐☐

Date (mm-dd-yyyy)

Name (First, Middle Initial, Last)

SIGNATURE

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 ABLE Nevada 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 ABLE Nevada to withdraw from the following Investment Option(s)

Aggressive Option	$☐,☐☐☐.☐☐ Dollar Amount
Moderately Aggressive Option	$☐,☐☐☐.☐☐ Dollar Amount
Growth Option	$☐,☐☐☐.☐☐ Dollar Amount
Moderate Option	$☐,☐☐☐.☐☐ Dollar Amount
Moderately Conservative Option	$☐,☐☐☐.☐☐ Dollar Amount
Conservative Option	$☐,☐☐☐.☐☐ Dollar Amount
Money Market Option	$☐,☐☐☐.☐☐ Dollar Amount
Checking Account Option	$☐,☐☐☐.☐☐ Dollar Amount

B. SWP Recipient.

☐ **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.)

☐ **Bank Account on File**

☐ **3rd Party**

Payable To

Contact Name

Memo Line

Mailing Address

City State Zip Code —

7. Systematic Exchange Program (SEP)

A Systematic Exchange Program is a method of automatically moving money from one Investment Option to one or more Investment Options on a scheduled basis. If you want to establish a Systematic Exchange Program at the time of enrollment and not have it count toward the twice-per-calendar-year limit on changing Investment Options, you must complete this **Account Financial Features Form** and mail it together with the **Enrollment Form** to the Plan. Establishing a Systematic Exchange Program counts as an investment election if you do not establish it either at the time of enrollment or when making a contribution to the Account. See the Plan Disclosure Booklet for more information about the Systematic Exchange Program.

- When establishing a SEP there must be a minimum of $500 in the Asset Allocation Option you wish to exchange from.
- You must designate a minimum of $50 for each monthly or quarterly scheduled exchange.
- Establishing a SEP with a new contribution into the Account will not count towards the twice-per-calendar-year limit on changing Investment Options.
- To establish a new SEP with a new contribution check, you must include the check with this form and mail both together to the Plan. Proceeds from the check will be contributed to the Asset Allocation Option that you name below in the "Exchange From Investment Option" field under "Add New SEP Instructions" below.
- If a new SEP is established using assets already in the Account, it will count as one of the two exchanges permitted each calendar year.
- Stopping an existing SEP will not count toward the twice-per-calendar-year limit on changing Investment Options.
- You cannot select the Checking Account Option as an "Exchange from Asset Allocation Option."
- Exchanges between Asset Allocation Options will be initiated on the same day the exchange is received in good order and prior to the close of the NYSE (New York Stock Exchange), and will be completed on the next business day the NYSE is open. Exchanges to the Checking Account Option will require two business days to be completed. Once an exchange is completed, the assets are available for withdrawal.
- If there are multiple SEPs for the Account and you want to stop one or more of them, you must complete and submit a separate **Account Financial Features Form** for each SEP.
- If there are multiple SEPs for the Account and you want to stop all of them, check the appropriate box below.

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 ABLE Nevada 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 ABLE Nevada 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

Signature of Account Owner or Authorized Individual

Date (mm-dd-yyyy)

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