ABLE NEVADA

ABLE Nevada

# Investment Option Change/Future Contribution Allocation Form

- Use this form to move current Account assets from one Investment Option to another or to change future Account contribution allocations.
- Complete **Section 2** to change current Account assets from one Investment Option to another Investment Option. This may only be done up to two times per calendar year.
- Complete **Section 3** to change the Investment Option allocation of future Account contributions.
- The Plan Disclosure Booklet contains important information about changing Investment Option allocations for current balances and future contributions.
- Capitalized terms used in this form and not defined, 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 **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. Account Owner information

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. Current Investment Option change

- For each current Investment Option you wish to change, indicate the percentage of assets you want moved and where you want the assets invested.
- See the Plan Disclosure Booklet and the Plan website **nv.savewithable.com,** for complete information on Investment Options.
- Your total Investment Option percentages in the "Exchange TO" column below must equal 100%. If the percentages do not equal 100%, your current allocation will remain the same.
- Exchanges to or from the Checking Account Option require two business days to be completed.
- Complete **Section 4** if the Checking Account Option is selected and the Account does not currently invest, or has not previously invested, in the Checking Account Option. **Important Note for Entities: Entities may not select the Checking Account Option unless they are opening the Account as agent under a power of attorney designated by an Account Owner with Legal Capacity.**

**Remember:** Internal Revenue Code Section 529A allows Account Owners to make up to two Investment Option changes each calendar year.

**Note:** This change applies only to the assets currently held in your Account; it will not affect the allocation of future contributions.

| **Exchange FROM** | | | **Investment Option** | **Exchange TO** |
|---|---|---|---|---|
| All | | Percentage | | |
| ☐ | **OR** | ☐☐ **%** | Aggressive Option | ☐☐☐ **%** |
| ☐ | **OR** | ☐☐ **%** | Moderately Aggressive Option | ☐☐☐ **%** |
| ☐ | **OR** | ☐☐ **%** | Growth Option | ☐☐☐ **%** |
| ☐ | **OR** | ☐☐ **%** | Moderate Option | ☐☐☐ **%** |
| ☐ | **OR** | ☐☐ **%** | Moderately Conservative Option | ☐☐☐ **%** |
| ☐ | **OR** | ☐☐ **%** | Conservative Option | ☐☐☐ **%** |
| ☐ | **OR** | ☐☐ **%** | Money Market Option | ☐☐☐ **%** |
| ☐ | **OR** | ☐☐ **%** | Checking Account Option | ☐☐☐ **%** |
| | | | | **1 0 0 %** |

## 3. Allocation instructions for future contributions

- To change the Investment Option allocation of future Account contributions, indicate the new allocations below.
- Future contribution allocations will not affect assets currently held in the Account.
- The total Investment Option percentages must equal 100%. If the percentages do not equal 100%, current allocations for future contributions will remain the same.
- Exchanges to or from the Checking Account Option require two business days to be completed.
- Complete **Section 4** if the Checking Account Option is selected and the Account does not currently invest, or has not previously invested, in the Checking Account Option. **Important Note for Entities: Entities may not select the Checking Account Option unless they are opening the Account as agent under a power of attorney designated by an Account Owner with Legal Capacity.**

| | |
|---|---|
| Aggressive Option | ☐☐☐ **%** |
| Moderately Aggressive Option | ☐☐☐ **%** |
| Growth Option | ☐☐☐ **%** |
| Moderate Option | ☐☐☐ **%** |
| Moderately Conservative Option | ☐☐☐ **%** |
| Conservative Option | ☐☐☐ **%** |
| Money Market Option | ☐☐☐ **%** |
| Checking Account Option | ☐☐☐ **%** |
| | **1 0 0 %** |

## 4. Checking Account Option Information (only to be completed if the Checking Account Option is selected in **Section 2 or 3** and the Account does not currently invest, or has not previously invested, in the Checking Account Option).

**Information about the Checking Option:**

☐ (Optional) Check this box to receive a free debit card with the Checking Account Option. **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 debit card will be issued in the name of the Account Owner and mailed to the Account Owner's mailing address within 10 business days after the Checking Account Option is funded. For Accounts established by an Authorized Individual for a minor or an adult without Legal Capacity, the debit card will be issued in the name of the Authorized Individual and mailed to the Authorized Individual's mailing address. Contributions into the Checking Account Option will be available for withdrawal after 6 or 7 business days

☐ (Optional) Check this box to order checks. 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 checks will be issued in the name of the Account Owner and 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 checks will be issued in the name of the Account Owner and the Authorized Individual and mailed to the Authorized Individual's mailing address. A fee of $6 will be assessed to the Checking Account Option. Checks will be shipped when the balance of the Checking Account Option is at least $25.

- Separate statements for the Checking Account Option will be provided by Fifth Third Bank. To update statement delivery preferences for the Checking Account Option, please log onto www.53.com/ABLE after the free debit card or confirmation of the deposit has been received.
- For Accounts managed by multiple Authorized Individuals for a minor or an adult without Legal Capacity, only one Authorized Individual will be permitted to access the checking account, write checks, and use the debit card if the Checking Account Option is selected. Note that the Plan may require submission of a separate release form or other instruments or documentation when an Account has multiple Authorized Individuals.

## 5. 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 this Investment Option change/ future contribution allocation request.
- By signing below, I authorize ABLE Nevada or its designees to change my current Investment Options and/or my allocations for future contributions according to the instructions above.
- If I am selecting the Checking Account Option, I hereby acknowledge that I have received, read, and that by signing this form, agree to the Fifth Third Terms and Conditions included in the Plan Disclosure Booklet.
- I understand that the Account's current Investment Options can be changed no more than twice in a calendar year.
- If I am an Authorized Individual, I certify that I am authorized to act on the Account Owner's behalf in making this request.

All information provided by me on this form is true and correct and may be relied upon by the Plan Administrators.

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Account Owner or Authorized Individual Name (First, Middle Initial, Last)

SIGNATURE

Signature of Account Owner or Authorized Individual

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Date (mm/dd/yyyy)

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