ABLE NEVADA

ABLE Nevada

Withdrawal Request Form

- Use this form to request a full or partial withdrawal, including an Indirect Rollover, from the ABLE Nevada Account. An Indirect Rollover occurs when assets are withdrawn from an Account by check and contributed to a different ABLE account for the same Account Owner or to a Sibling's ABLE account within 60 days of the withdrawal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 **nv.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.

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

- 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 **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. Account information (all fields required)

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Account Number

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Account Owner's Legal First Name M.I.

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Account Owner's Legal Last Name

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Last 4 Digits of Account Owner's Social Security Number

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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**

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Payable To

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Contact Name

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Memo Line

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Mailing Address

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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.

3. Amount of withdrawal (Choose one)

A. ☐ **Total Account balance - Close the Account.** The entire balance in all Investment Options will be withdrawn and the Account will be permanently closed. Contributions to the Account after it is closed will not be accepted. If the Account receives payroll direct deposit contributions, it is the responsibility of the Account Owner or Authorized Individual to notify the employer(s) to cancel the payroll direct deposit.

B. ☐ **Total Account balance – Leave the Account open for future contributions.** The entire balance in all Investment Options, including the Checking Account Option, will be withdrawn. Recurring contributions and/or payroll direct deposit(s), if established, will continue. **Note: Previously funded Accounts that remain at a zero balance after 90 days will be permanently closed.**

C. ☐ **Partial amount of $☐☐☐,☐☐☐.☐☐.**

Withdraw this amount proportionately from the current Investment Options held in the Account, including the Checking Account Option. If the amount indicated exceeds the available Account balance, ABLE Nevada will withdraw the entire balance, but the Account will remain open for future contributions. **Note: If the withdrawal results in a total zero balance in the Account, and the Account remains at a zero balance for 90 days, the Account will be permanently closed.**

D. ☐ **Partial amount as follows:**

Input the dollar amount of the withdrawal to be made from each applicable Investment Option. If the dollar amount indicated below for a particular Investment Option exceeds the balance available for withdrawal from that Investment Option, the entire balance of that Investment Option will be withdrawn and the total withdrawal will be less than the amount indicated below.

Name of Investment Option	Dollar amount (For partial amounts.)	OR	Total balance (Check if applicable.)
Aggressive Option	$☐☐☐,☐☐☐.☐☐		☐
Moderately Aggressive Option	$☐☐☐,☐☐☐.☐☐		☐
Growth Option	$☐☐☐,☐☐☐.☐☐		☐
Moderate Option	$☐☐☐,☐☐☐.☐☐		☐
Moderately Conservative Option	$☐☐☐,☐☐☐.☐☐		☐
Conservative Option	$☐☐☐,☐☐☐.☐☐		☐
Money Market Option	$☐☐☐,☐☐☐.☐☐		☐
Checking Account Option	$☐☐☐,☐☐☐.☐☐		☐

4. Signature — YOU MUST SIGN BELOW

- By signing below, I certify that I have read and understand, consent to, and agree to all terms and conditions of the Plan Disclosure Booklet as currently in effect and understand the rules and regulations as they relate to withdrawals and/or Rollovers from an ABLE Account.
- By signing below, I authorize ABLE Nevada or its designees to withdraw assets according to the instructions provided in this form.
- I understand the potential consequences and tax reporting obligations associated with: (i) a transfer of assets that does not meet the Rollover conditions as explained in the Plan Disclosure Booklet; (ii) Non-Qualified Withdrawals; and (iii) withdrawals taken for Qualified Disability Expenses of the Account Owner, but not paid during the same calendar year or within the first 60 days of the next calendar year.
- I understand that if state income tax deductions or credits were claimed on a taxpayer's state income taxes, the Account Owner and/or the Authorized Individual is responsible for determining whether the deductions or credits are subject to recapture.
- I understand that for ABLE Rollovers from an ABLE account to another ABLE account for the same Account Owner, the entire balance of the Account must be contributed to the recipient ABLE account within 60 days, and I further understand that the Account the assets were withdrawn from must be closed within 60 days of the date that the Rollover assets were withdrawn.
- If rolling over assets to another ABLE plan account owned by someone other than the Account Owner, I certify that the recipient account is owned by a Sibling.
- I understand a transfer of assets from the Account Owner to a person who is not a Sibling or that otherwise does not qualify as a Rollover will constitute a Non-Qualified Withdrawal for the Account Owner that could result in potential negative consequences to the Account Owner's means-tested benefits, as well as possible federal taxes and the Federal Penalty Tax. In addition, a transfer to a person who is not a Sibling may subject the Account Owner to federal gift and generation-skipping transfer ("GST") tax. See the Plan Disclosure Booklet for additional information related to Rollovers.
- If I am an Authorized Individual, I certify that I am authorized to act on the Account Owner's behalf in making this withdrawal request.
- All information provided by me on this form is true and correct and may be relied upon by the Plan Administrators.

Account Owner's or Authorized Individual's First Name M.I.

Account Owner's or Authorized Individual's Last Name

SIGNATURE
Signature of Account Owner or Authorized Individual

Date (mm/dd/yyyy)

Additional Authorized Individual's First Name M.I.

Additional Authorized Individual's Last Name

SIGNATURE
Signature of Additional Authorized Individual (Only if applicable)

Date (mm/dd/yyyy)