

RI's ABLE

RI's ABLE Withdrawal Request Form

- Use this form to request a full or partial withdrawal, including an Indirect Rollover, from the RI's ABLE 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 An Indirect Rollover occurs when assets are withdrawn from an Account by check and contributed to a different ABLE account for the same Account Owner or to a Sibling's ABLE account within 60 days of the withdrawal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 **ri.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.
- 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 **ri.savewithable.com**, or you can call Customer Service to request any form — or request assistance in completing this form — at **1.888.609.8915** any business day from 8 a.m. to 5 p.m. ET.

**1.888.609.8915**

8 a.m. to 5 p.m. ET M-F

FAX 1.617.559.8926**ri.savewithable.com****ri.clientservice@savewithable.com**

Regular mailing address:

RI's ABLE**P.O. Box 219603****Kansas City, MO 64121**

Overnight mailing address:

RI's ABLE**1001 E 101st Terrace, Suite 200****Kansas City, MO 64131**

1. Account information (all fields required)

Account Number

Account Owner's Legal First Name

Account Owner's Legal Last Name

Last 4 Digits of Account Owner's Social Security Number

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**

Payable To

Contact Name

Memo Line

Mailing Address

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, RI’s ABE 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.)
<input type="text" value="Aggressive Option"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="checkbox"/>
<input type="text" value="Moderately Aggressive Option"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="checkbox"/>
<input type="text" value="Growth Option"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="checkbox"/>
<input type="text" value="Moderate Option"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="checkbox"/>
<input type="text" value="Moderately Conservative Option"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="checkbox"/>
<input type="text" value="Conservative Option"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="checkbox"/>
<input type="text" value="Money Market Option"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="checkbox"/>
<input type="text" value="Checking Account Option"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="checkbox"/>

