RI's ABLE

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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 An Indirect Rollover occurs when assets are withdrawn from an Account by check and contributed to a different ABLE account for the same Account Owner or to a Sibling's ABLE account within 60 days of the withdrawal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.

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

- 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 yearend, 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.

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Amount of withdrawal (Choose one)			
Account will be permanently closed. Contrib	unt. The entire balance in all Investment Options valutions to the Account after it is closed will not be a it is the responsibility of the Account Owner or Austr.	accepted. I	f the Account
Options, including the Checking Account Opt	ount open for future contributions. The entire be ion, will be withdrawn. Recurring contributions and sly funded Accounts that remain at a zero bal	d/or payrol	I direct deposit(s),
C. Partial amount of \$,			
Option. If the amount indicated exceeds the Account will remain open for future contribu	the current Investment Options held in the Account available Account balance, RI's ABLE will withdraw tions. Note: If the withdrawal results in a total nce for 90 days, the Account will be permaner	v the entire I zero bala	e balance, but the ance in the Account
indicated below for a particular Investment	val to be made from each applicable Investmonth option exceeds the balance available for withdrawn and the total withdrawn and withdrawn and withdrawn	val from th	nat Investment
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

Signature of Additional Authorized Individual (Only if applicable)

- 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 RI's ABLE 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		

Date (mm/dd/yyyy)