

**Important information about this form:**

- Fill out this form to contribute money to an Alabama ABLE account with a check.
- You may only contribute to an existing account. Use an **Enrollment Form** (or sign up online at [www.AlabamaABLE.com](http://www.AlabamaABLE.com)) if you don't have an account.
- Include a check with the amount you'd like to add, and make it payable to Alabama ABLE.
- ABLE accounts are subject to a Maximum Annual Contribution Limit. See the Plan Disclosure Booklet for the current limit.
- If you're making an ABLE to Work contribution, you may contribute an amount equal to the Beneficiary's gross income, up to the current limit (see Program Disclosure Booklet for current limits), in addition to the yearly standard contribution limit.
- Type or print clearly in black ink, and do not staple the check.
- Future contributions and withdrawals will be allocated to help bring your account to your target allocation of cash and investment balances.
- Please note, once your funds have been allocated there is a 5-day hold period where you will not be able to withdraw these funds.

**Need help?**

Give us a call Monday – Friday from 8am – 7pm CT at **1-833-711-2253**

Individuals with speech or hearing disabilities may dial 711 to access Telecommunications Relay Service (TRS) from a telephone or TTY.

**Mail the form to:**

Alabama ABLE  
P.O. Box 534419  
Pittsburgh, PA 15253- 4419

**Overnight Mail:**

Alabama ABLE  
Attention: 534419  
500 Ross Street, 154-0520  
Pittsburgh, PA 15262

**Fax:**

833-223-5121

**1 ABLE account information**

\_\_\_\_\_  
**Name of Beneficiary on the ABLE Account** (First and last)

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
**Beneficiary's Social Security** or **Taxpayer Identification Number**

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
**Alabama ABLE account number**

**2 Contribution type**

Which type of contribution are you making? (Please select one)

- Standard contribution**  
ABLE accounts are subject to a Maximum Annual Contribution Limit. See the Plan Disclosure Booklet for the current limit.
- ABLE to Work contribution**  
If the Beneficiary is earning wages, they may contribute an amount equal to their gross income, up to the current limit (see Program Disclosure Booklet for current limits) in addition to the yearly standard contribution limit.

**3 Contribution information**

There's a \$25 minimum contribution to open an account and you must contribute at least \$5 to each portfolio or fund you want to add money to.

Please read the Alabama ABL Program Description & Participation Agreement for important information about the cash and investment options before making a decision.

**Investment Options:**

Conservative Portfolio	\$ _____ , _____ . _____ <b>Amount</b> (per pay period)
Moderate Portfolio	\$ _____ , _____ . _____ <b>Amount</b> (per pay period)
Aggressive Portfolio	\$ _____ , _____ . _____ <b>Amount</b> (per pay period)
FDIC Savings Fund	\$ _____ , _____ . _____ <b>Amount</b> (per pay period)

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\$ \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_  
**Total contribution amount**

The investment information on this page has been provided by Sellwood Consulting, the investment advisor for the Alabama ABL Savings Plan.

**4 Sign the form — If applicable**

Only sign if you're making an ABL to Work contribution.

By signing below, if I'm making an ABL to Work contribution, I certify that:

- The Beneficiary is earning wages.
- The amount being contributed is less than or equal to the Beneficiary's gross income this calendar year and is no more than the current limit (see Program Disclosure Booklet for current limits).
- The Beneficiary (or the Beneficiary's employer) has not contributed to a defined contribution plan (401K), annuity plan (403(b)), or deferred compensation plan (457(b)) this calendar year.

\_\_\_\_\_  
**Signature of Beneficiary or Authorized Legal Representative**

\_\_\_ / \_\_\_ / \_\_\_\_\_  
**Date** (mm/dd/yyyy)