Important information about this form:

• Fill out this form to request a partial or full withdrawal from your Alabama ABLE account.

• We are required to file an IRS Form 1099-QA when you make a withdrawal from your ABLE account.

• You must wait 5 days before you can withdraw a contribution made by bank ACH or check. For new accounts you must wait 30 calendar days to request a withdrawal.

• If you recently changed your banking information or address, there’s a 30-day hold period for withdrawals. With a Medallion Signature Guarantee (in Step 7 of this form), you can bypass all the hold periods.

• A Medallion Signature Guarantee is required for any withdrawals over $50,000 or any withdrawals to 3rd parties.

• Keep any receipts for eligible expenses once the money from this account is used.

• Use black ink to type or print clearly, and do not staple the sheets together.

Need help?
Give us a call Monday – Friday from 8am – 7pm ET 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 9894
Providence, RI 02940-8094

Overnight Mail:
Alabama ABLE
4400 Computer Drive
Westborough, MA 01581

ABLE account information

Name of the Beneficiary on the ABLE account (First and last)

___ ___ ___ - ___ ___ - ___ ___ ___ ___ ___ ___ ___
Beneficiary’s Social Security or Taxpayer Identification Number

___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___
Alabama ABLE account number
2 Choose the type of withdrawal

- Direct deposit into the bank account connected to this account (Fill out Step 3, 4, and 6)
  If there is more than one bank account connected to the account, you’ll have to select which bank you want to receive the deposit. There will be a 30-day hold if there was a recent change to the banking information.

- A check sent to the mailing address on the account (Fill out Steps 4 and 6)
  There will be a 30-day hold period for check withdrawals if you recently changed the mailing address.

  Who should we make the check out to?  
  - Beneficiary  
  - Authorized Legal Representative

- A check sent to a third party (Fill out Step 4, 5 and 6)

3 Bank account information — If applicable
   Only complete if you selected direct deposit in Step 2.

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Name on bank account
The first and last name on the bank account needs to be the same as either the Beneficiary or the Authorized Legal Representative.

__ __ __ __ __ __ __ __ __ __
Bank routing number

__ __ __ __ __ __ __ __ __ __
Bank account number

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Need help?
You can find your bank information on the bottom of one of your checks here:

<table>
<thead>
<tr>
<th>Routing Number</th>
<th>Account Number</th>
</tr>
</thead>
</table>
| 0000000000     | 0000000000    | 1000

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Withdrawal Form

Withdrawal amount

Choose the portfolio(s) you want to withdraw money from. There’s a $5 minimum withdrawal per portfolio and you must have at least $5 in a portfolio to keep it open. You can withdraw up to 95% of the total amount or the full amount.

For important information about the investment options please see the Plan Disclosure Booket before making a decision.

You must wait 5 days before you can withdraw a contribution made by bank ACH or check contribution.

Conservative Portfolio

- Full balance
- Partial amount

Moderate Portfolio

- Full balance
- Partial amount

Aggressive Portfolio

- Full balance
- Partial amount

FDIC Savings Fund

- Full balance
- Partial amount

Want to withdraw all funds?

- Yes, withdraw the full balance of all portfolios I’m invested in.
- Close this account
  Only check this if you want to close your account once all funds are withdrawn.

Total withdrawal amount
# Third-party information

<table>
<thead>
<tr>
<th>Payable to</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact name</td>
</tr>
<tr>
<td>Memo line</td>
</tr>
</tbody>
</table>

**Mailing address**

<table>
<thead>
<tr>
<th>Street address 1</th>
<th>Street address 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>State ZIP Code</td>
</tr>
</tbody>
</table>
Sign the form

- I certify that I have read, understand, consent, and agree to all terms and conditions of the Alabama ABLE Program Description & Participation Agreement and understand the rules and regulations governing withdrawals from my Alabama ABLE account. I also certify that the information provided on this form is accurate and hereby instruct the Alabama ABLE Program to distribute this withdrawal as I have indicated.

- I understand that the earnings portion of non-qualified withdrawals is subject to federal and state income tax and an additional 10% federal tax. I also understand that I am responsible for reporting the withdrawal on my income tax returns for the tax year that the non-qualified withdrawal was made.

- I understand that if I took a state income tax deduction or credit on my state income taxes, I will need to check with my home state to determine if my deduction or credit is subject to recapture.

- If I am an Authorized Legal Representative, I certify that I am authorized to act on the Beneficiary’s behalf in making this request and that this request is in the best interest of the Beneficiary.

- By signing below, I authorize the Program Manager or its designee to withdraw funds according to the instructions above.

Signature of Beneficiary or Authorized Legal Representative

Date (mm/dd/yyyy)
Medallion Signature Guarantee

Keep in mind that:

• You’re providing the following information as underwritten certification that your signature is genuine.

• You can get a Medallion Signature Guarantee from an authorized officer of a bank, broker, or other qualified financial institution. A notary public doesn’t qualify, and you cannot guarantee your own signature. You may be required to provide proof of your authority to act on behalf of the ABLE account.

• Only sign if you are in the presence of an authorized officer providing the Medallion Signature Guarantee.

I certify that the information provided herein is true and complete in all respects, and that I have read and understand, consent, and agree to all the terms and conditions of the Program Description & Participation Agreement.

________________________________________________________
Signature of Beneficiary or Authorized Legal Representative

________________________________________________________
Signature Guarantor

________________________________________________________
Title

________________________________________________________
Name of Institution

________________________________________________________
Date (mm/dd/yyyy)