

**Important information about this form:**

- Fill out this form to request a partial or full withdrawal from your Alabama ABL account.
- We are required to file an IRS Form 1099-QA when you make a withdrawal from your ABL 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, there will be a 10-day hold period for check withdrawals. If you recently updated your address, there will be a 15-day hold period for check withdrawals. With a notarization acknowledgement (**Step 7** of this form) you can bypass the hold periods.
- A notarization acknowledgement 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 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 ABL  
P.O. Box 534419  
Pittsburgh, PA 15253- 4419

**Overnight Mail:**

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

**Fax:**

833-223-5121

**1 ABL account information**

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

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

\_\_\_\_\_  
**ABL 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**.

\_\_\_\_\_  
**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 name**

\_\_\_\_\_  
**Bank routing number**

\_\_\_\_\_  
**Bank account number**

**Need help?**

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

A000000000 A 0000000000000000 c 1000

Routing  
Number

Account  
Number

## 4 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 Booklet** 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

\$ \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_  
**Amount**

### Moderate Portfolio

Full balance     Partial amount

\$ \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_  
**Amount**

### Aggressive Portfolio

Full balance     Partial amount

\$ \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_  
**Amount**

### FDIC Savings Fund

Full balance     Partial amount

\$ \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_  
**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**

**5 Third-party information**

\_\_\_\_\_  
Payable to

\_\_\_\_\_  
Contact name

\_\_\_\_\_  
Memo line

**Mailing Address**

\_\_\_\_\_  
Street address 1

\_\_\_\_\_  
Street address 2

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_ - \_\_\_\_  
Zip Code

**6 Sign the form**

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

**8 Notarization acknowledgement**

Keep in mind that:

- You're providing the following information as underwritten certification that your signature is genuine.
- You cannot guarantee your own signature. You may be required to provide proof of your authority to act on behalf of the ALE account.

**Only sign if you are in the presence of a notary public or other officer providing notarization.**

The undersigned has read the foregoing in its entirety before signing. IN WITNESS WHEREOF, I have hereunto

set my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
**Day (#) Month Year**

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

**State of Alabama, County of** \_\_\_\_\_

This instrument was acknowledged before me

physical presence or  online notarization

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

by \_\_\_\_\_

My term expires: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
**Date (mm/dd/yyyy)**

\_\_\_\_\_  
**Signature of Notary Public**

**Notary Public (Seal)**