

**Important information about this form:**

- Fill out this form to contribute money to an Oregon ABLE Savings Plan account with a check. You can also make a contribution online at [www.OregonABLESavings.com](http://www.OregonABLESavings.com).
- You may only contribute to an existing account. Use an **Enrollment Form** (or sign up online at [www.OregonABLESavings.com](http://www.OregonABLESavings.com)) if you don't have an account.
- Include a check with the amount you'd like to add, and make it payable to Oregon ABLE Savings Plan.
- There's a minimum contribution of at least \$5 each time. See the Program Disclosure Booklet for the current yearly contribution 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 ABLE to Work 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.
- 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 9am – 5pm PT at

**1-844-999-2253**

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

**Mail the form to:**

Oregon ABLE Savings Plan  
P.O. Box 534430  
Pittsburgh, PA 15253- 4430

**Overnight Mail:**

Oregon ABLE Savings Plan  
Attention: 534430  
500 Ross Street, 154-0520  
Pittsburgh, PA 15262

**Fax:**

833-286-8167

**1 ABLE account information**

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

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

\_\_\_\_ \_  
Oregon ABLE Savings Plan account number

## 2 Select an investment option

You can select as many portfolios you want to invest your contributions. You can view your portfolio selections at any time or change your investment strategy up to twice per calendar year.

There are five options to pick from. There are risks involved in investing, your decision should be based on your goals and timeline for this ABLE account. The rest is up to the market's performance.

For an in-depth look at each of the investment options, please refer to the **Program Disclosure Booklet**.

**How do you want to invest?** (Please select at least one)

ABLE Conservative

A predesigned diversified option with a mix of stocks and bonds for a more conservative risk profile.

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

ABLE Moderate

A predesigned diversified option with a mix of stocks and bonds for a more moderate risk profile.

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

ABLE Aggressive

A predesigned diversified option with a mix of stocks and bonds for a more aggressive risk profile.

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

Cash Option

This fund offers FDIC insurance protection for amounts contributed up to FDIC-permitted limits.

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

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

**3 Contribution type**

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

- Standard contribution  
See the Program Disclosure Booklet for current yearly standard contribution limit.
- ABLE to Work contribution  
If the Beneficiary is earning wages, they may contribute an amount equal to their gross income (see Program Disclosure Booklet for current limits) in addition to the yearly standard contribution limit.

**4 Sign the form — If applicable**

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

By signing below, if I'm making an ABLE 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 (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.

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Signature of Beneficiary or Authorized Legal Representative

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Date (mm/dd/yyyy)