

Important information about this form:

- Fill out this form to request a partial or full withdrawal from your Oregon ABLE Savings Plan account.
- A notarization acknowledgement is required for any withdrawals over \$50,000 or any withdrawals to 3rd parties.
- We are required to file an IRS Form 1099-QA when you make a withdrawal from your ABLE account.
- After a Beneficiary/ALR has made a contribution by bank ACH or check, they must wait 5 business days before they can withdraw those funds.
- 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.
- Keep any receipts for eligible expenses once the money from this account is used.

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)

Oregon ABLE Savings Plan account number

Beneficiary's Social Security or
Taxpayer Identification Number

2 Choose the type of withdrawal

Direct deposit into the bank account connected to this account (Fill out Steps 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 in Step 4. There will be a 10-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 3 and 6)
There will be a 15-day hold period for check withdrawals if you recently changed the mailing address. Please note: There is a \$2.50 fee for withdrawals issued via check.

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

A check sent to a third party (Fill out Steps 3, 5, and 6)
Please note: There is a \$2.50 fee for withdrawals issued by check.

3 How much do you want to withdraw?

- Full balance**
The entire amount in both the cash and investment options in the account
- Close this account**
Only check this if you want to close your Oregon ABLE Savings Plan once all the funds are withdrawn.
- A partial amount**
Select below which portfolio(s) you want to withdraw from and specify an amount.

Choose withdrawal option (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

\$ _____ , _____ . _____
Total withdrawal amount

4 Bank account information — If applicable

Only complete if direct deposit was selected in Step 2 and there are multiple bank accounts connected to your ABLÉ account

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**Need help?**

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

		
Routing Number	Account Number	

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 **Oregon ABLE Savings Plan Disclosure Booklet** and understand the rules and regulations governing withdrawals from my Oregon ABLE Savings Plan account. I also certify that the information provided on this form is accurate and hereby instruct the Oregon ABLE Savings Plan to distribute this withdrawal as I have instructed.
- I understand that the earnings on all or a portion of my withdrawal is subject to federal and state income tax and an additional 10% federal tax if the withdrawal is used for an unqualified expense.
- 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 behalf of the Beneficiary in making this request and that this request is in the best interest of the Beneficiary.
- By signing below, I authorize the Plan Manager or its designee to withdraw funds according to the instructions above.

Signature of Beneficiary or Authorized Legal Representative

7 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 ABLE 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

State of Oregon, County of _____

This instrument was acknowledged before me

physical presence online notarization

on _____
Date (mm/dd/yyyy)

by _____
Name of person (First and last)

My term expires: _____
Date (mm/dd/yyyy)

Notary Public (Seal)

Signature of Notary Public