

Important information about this form:

- Fill out this form to request a partial or full withdrawal from your CalABLE account.
- We are required to file an IRS Form 1099-QA when you make a withdrawal from your CalABLE account.
- You must wait 5 days before you can withdraw a contribution made by bank ACH or check.
- 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 6am – 5pm PT at

1-833-Cal-ABLE
(833-225-2253)

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

Mail the form to:

CalABLE
P.O. Box 534403
Pittsburgh, PA 15253- 4403

Overnight Mail:

CalABLE
Attention: 534403
500 Ross Street, 154-0520
Pittsburgh, PA 15262

Fax:

844-761-0239

1 CalABLE account information

Name of Beneficiary on the CalABLE Account (First and last)

____ - ____ - ____
Beneficiary's Social Security or Taxpayer Identification Number

9 9 - ____ - ____
CalABLE 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 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 4 and 6**)
There will be a 15-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, 6 and 7**)

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 **Program Disclosure Statement** before making a decision. You must wait 5 days before you can withdraw a contribution made by bank ACH or check contribution.

FDIC-Insured Portfolio Full balance Partial amount: \$ _____ , _____ . _____
Amount

Income Portfolio Full balance Partial amount: \$ _____ , _____ . _____
Amount

Conservative Portfolio Full balance Partial amount: \$ _____ , _____ . _____
Amount

Income and Growth Portfolio Full balance Partial amount: \$ _____ , _____ . _____
Amount

Balanced Portfolio Full balance Partial amount: \$ _____ , _____ . _____
Amount

Conservative Growth Portfolio Full balance Partial amount: \$ _____ , _____ . _____
Amount

Moderate Growth Portfolio Full balance Partial amount: \$ _____ , _____ . _____
Amount

Growth Portfolio Full balance Partial amount: \$ _____ , _____ . _____
Amount

\$ _____ , _____ . _____
Total withdrawal 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.

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 CalABLE Program Disclosure Statement and Participation Agreement and understand the rules and regulations governing withdrawals from my CalABLE account. I also certify that the information provided on this form is accurate and hereby instruct the CalABLE 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)

Signature of Notary Public

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 CalABLE 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 _____, County of _____

This instrument was acknowledged before me

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