

Important information about this form:

- Fill out this form to setup, remove, or change recurring monthly contributions to your CalABLE account.
- You must have an open account to use this form. If you need to sign up, go online to CalABLE.ca.gov or use an **Enrollment Form** before completing this form.
- Make sure you use black ink. Type or print clearly in capital letters.

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 Instructions

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

- Stop all monthly contributions to this account (skip to **Step 5**)
- Change all monthly contributions to this account (complete **Steps 3,4, and 5**)
- Create a new monthly contribution to this account (complete **Steps 3,4, and 5**)

You can create, stop or change individual monthly contributions from your online account.

3 Monthly contribution setup

Tell us how much you want to contribute to your account each month. There is a \$1 minimum contribution from each portfolio you select.

Investment Options:

FDIC-Insured Portfolio \$ _____ , _____ . _____
Amount

Income Portfolio \$ _____ , _____ . _____
Amount

Conservative Portfolio \$ _____ , _____ . _____
Amount

Income and Growth Portfolio \$ _____ , _____ . _____
Amount

Balanced Portfolio \$ _____ , _____ . _____
Amount

Conservative Growth Portfolio \$ _____ , _____ . _____
Amount

Moderate Growth Portfolio \$ _____ , _____ . _____
Amount

Growth Portfolio \$ _____ , _____ . _____
Amount

_____ \$ _____ , _____ . _____
Total withdrawal amount

Contribution day (1-28)*

If you don't pick a date, we'll automatically deduct your contribution on the 1st of every month

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

Standard contribution

CalABLE accounts are subject to a Maximum Annual Contribution Limit. See the Program Disclosure Statement for the current limit.

ABLE to Work contribution

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

* A note on when contributions will be deducted from your bank account: If the Contribution Day you've selected falls on a regular business day, your contribution will be deducted from your bank account two business days prior to the Contribution Day. If the Contribution Day you've selected falls on a weekend or a holiday, the contribution will be deducted from your bank account on the next Business Day.

4 Bank account information

Attach a voided check or copy of your bank statement showing the name, address, the account number and complete the bank information below. (Please do not staple, use a paper clip for the check).

What type of documentation are you including to verify this bank account?

Voided Check

Bank statement

Bank account type Checking Savings

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 Account
Number Number

** If the Beneficiary or their employer is contributing to a defined contribution plan (401K), annuity plan (403(b)), or deferred compensation plan (457(b)) this calendar year, the Beneficiary is not eligible to make ABLE to Work contributions.

5 Sign the form

By signing this form, you're confirming that the information provided is accurate, and true and that you agree and certify that:

- If I selected Stop all monthly contributions from this account, or Replace all monthly contributions to this account:
 - I understand that all currently active monthly contributions to this account will be cancelled.
 - I understand that my request will become effective once processed by the Program and that the Program must receive my request at least 1 business day before I want it to become effective.
- If I selected Create a new monthly contribution to this account, or Replace all monthly contributions to this account:
 - I understand this authorizes the Plan to initiate recurring ACH debits (direct withdrawals) from my bank account up to two business days prior to the Contribution Day each month for the total contribution amount.*
 - If I've indicated that these monthly contributions are ABLE to Work contributions, I certify that the Beneficiary is earning wages and the total ABLE to Work contributions for this year are less than or equal to the Beneficiary's gross income this calendar year (see Program Disclosure Statement for current limits). I also certify that the Beneficiary (or the Beneficiary's employer) has not contributed to a defined contribution plan (e.g., 401K), annuity plan (403(b)), or deferred compensation plan (457(b)) this calendar year.
 - I may cancel these recurring ACH debits (direct withdrawals) by using this form or by cancelling them through my online account.

Signature of Beneficiary or Authorized Legal Representative

Date (mm/dd/yyyy)

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