

Important information about this form:

- Fill out this form to contribute money to an CalABLE account with a check.
- You may only contribute to an existing account. Use an **Enrollment Form** (or sign up online at <http://www.calable.ca.gov/>) if you don't have an account.
- Include a check with the amount you'd like to add, and make it payable to CalABLE.
- CalABLE accounts are subject to a Maximum Annual Contribution Limit. See the Program Disclosure Statement for the current limit.
- If you're making an ABL to Work contribution, you may contribute an amount equal to the Beneficiary's gross income, up to the current limit (see the Program Disclosure Statement 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 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 Contribution type

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, up to the current limit (see Program Disclosure Statement for current limits) in addition to the yearly standard contribution limit.

3 Contribution information

You must contribute at least \$1 to each portfolio or fund you want to add money to.

Please read the CalABLE Program Disclosure Statement for important information about the cash and investment options before making a decision.

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 contribution amount

The investment information on this page has been provided by BNY Mellon Advisors, Inc., formerly known as Lockwood Advisors Inc., the investment sub-advisor for CalABLE.

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 and is no more than the current limit (see Program Disclosure Statement 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.

Signature of Beneficiary or Authorized Legal Representative

___ / ___ / ___
Date (mm/dd/yyyy)