

## **Contribution Form**

## Important information about this form:

- Fill out this form to contribute money to an STABLE Account with a check.
- You may only contribute to an existing account. Use an Enrollment Form (or sign up online at <a href="https://www.STABLEAccount.com">www.STABLEAccount.com</a>) if you don't have an account.
- Include a check with the amount you'd like to add, and make it payable to STABLE Account.
- STABLE Accounts are subject to a Maximum Annual Contribution Limit.
   See the Plan Disclosure Statement for the current 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 limit (see 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 9am – 8pm ET at 1-800-439-1653

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

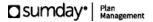
#### Mail the form to:

STABLE Account Plan P.O. Box 9671 Providence, RI 02940-9671

#### **Overnight Mail:**

STABLE Account Plan 4400 Computer Drive Westborough, MA 01581

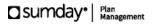
Name of the Beneficiary on the STABLE Account (First and last)						
Benef	iciary's Soci	al Security	or Taxpay	er Identifi	cation Num	ber
S T	<u></u>					
STABI	LE Account	number				





VVIII	ch type of contribution are you making (Please se	elect one)				
	Standard contribution STABLE Accounts are subject to a Maximum Annuthe current limit.	nual Contribution Limit. See the Plan Disclosure Booklet				
	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 and Participation Agreement for current limits) is addition to the yearly standard contribution limit.					
Co	ntribution information					
	re's a \$25 minimum contribution to open an accoud you want to add money to. Please include a che	unt and you must contribute at least \$1 to each portfoliock made out to STABLE Account.				
	ase read the STABLE Account <b>Plan Disclosure St</b> rmation about the cash and investment options be	atement & Participation Agreement for important efore making a decision.				
Inve	estment options					
Grov	wth Portfolio	\$ , Amount				
	wth Portfolio derate Growth Portfolio					
Mod		Amount \$ , ,				
Mod	derate Growth Portfolio	\$ , Amount \$ ,				

The investment information on this page has been provided by Marquette Associates, the investment advisor for the STABLE Account Plan.



Total contribution amount



# 4

# Sign the form

- I certify that I have read, understand, consent, and agree to all terms and conditions of the STABLE Account Plan Disclosure Statement & Participation Agreement and understand the rules and regulations governing contributions to my STABLE Account. I also certify that the information provided on this form is accurate and hereby instruct STABLE Account to distribute this contribution as I have indicated.
- 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 contribute funds according to the instructions above.

Signature of Beneficiary or Authorized Legal Representative	Date (mm/dd/yyyy)