PA ABLE

Contribution Form

Important information about this form:

- Fill out this form to make a check contribution to your account.
- Make your check payable to PA ABLE, and mail the check in along with this form. To make a contribution via electronic bank transfer, please login to your account online and visit the "Transfers" menu.
- Accounts are subject to annual and lifetime contribution limits. Before submitting this form, please make sure that your contribution is within the Program's limits. See the PA ABLE Program Disclosure Statement and Participation Agreement for current limits.
- Type or print clearly in black ink, and do not staple.
- Please note, once your funds have posted there is a 5-day hold period before you will be able to withdraw these funds.
- If you are making a Gift Contribution, please use our Gift Form instead -- or ask the Beneficiary for a link to their online gifting page.

Need help?

Give us a call Monday – Friday from 9am – 8pm ET at **1-855-529-ABLE (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:
PA ABLE Savings Program
P.O. Box 534004
Pittsburgh, PA 15253-4004

Overnight Mail:
PA ABLE Savings Program
Attention: 534004
1350 Penn Avenue Suite 102
Pittsburgh, PA 15222

Fax:
855-851-7352

1 PA ABLE account information

_____
Name of Beneficiary on the PA ABLE account (First and last)

__ __ __ - __ __ - __ __ __ __
Beneficiary's Social Security or **Taxpayer Identification Number**

__ __ __ __ __ __ __ __ __ __ __
PA ABLE account number

2 Contribution type

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

◯ **Standard contribution**
These are general contributions that anyone can make.

◯ **ABLE to Work contribution**
This contribution type is only available to employed Beneficiaries who have previously certified their eligibility for ABLE to Work contributions. Please review your ABLE to Work eligibility details online before selecting this option.

3 Contribution information

You must contribute at least $1 to each Portfolio you want to add money to. You can select as many portfolios as you like.

Please read the PA ABLE Program Disclosure Statement for important information about the investment options before making a decision.

Risk-Based Portfolios

- ☐ Capital Preservation Portfolio — $ ___ ___ , ___ ___ ___ . ___ ___ **Amount**
- ☐ Conservative Portfolio — $ ___ ___ , ___ ___ ___ . ___ ___ **Amount**
- ☐ Moderately Conservative Portfolio — $ ___ ___ , ___ ___ ___ . ___ ___ **Amount**
- ☐ Moderate Portfolio — $ ___ ___ , ___ ___ ___ . ___ ___ **Amount**
- ☐ Growth Portfolio — $ ___ ___ , ___ ___ ___ . ___ ___ **Amount**
- ☐ Moderately Aggressive Portfolio — $ ___ ___ , ___ ___ ___ . ___ ___ **Amount**
- ☐ Aggressive Portfolio — $ ___ ___ , ___ ___ ___ . ___ ___ **Amount**

Target Year Portfolios

- ◯ Target year 2030 $ ___ ___ , ___ ___ ___ . ___ ___ **Amount**
- ◯ Target year 2035 $ ___ ___ , ___ ___ ___ . ___ ___ **Amount**
- ◯ Target year 2040 $ ___ ___ , ___ ___ ___ . ___ ___ **Amount**
- ◯ Target year 2045 $ ___ ___ , ___ ___ ___ . ___ ___ **Amount**
- ◯ Target year 2050 $ ___ ___ , ___ ___ ___ . ___ ___ **Amount**
- ◯ Target year 2055 $ ___ ___ , ___ ___ ___ . ___ ___ **Amount**
- ◯ Target year 2060 $ ___ ___ , ___ ___ ___ . ___ ___ **Amount**
- ◯ Target year 2065 $ ___ ___ , ___ ___ ___ . ___ ___ **Amount**
- ◯ Target year 2070 $ ___ ___ , ___ ___ ___ . ___ ___ **Amount**

$ ___ ___ , ___ ___ ___ . ___ ___
Total contribution amount

4 Sign the form

By signing below, I certify that:

- All of the information provided by me on this form is true, complete, and correct.
- I am agreeing to the terms and conditions set forth in the **PA ABLE Savings Program Disclosure Statement and Participation Agreement**. I understand and agree that those documents govern all aspects of this account and are incorporated herein by reference.
- I authorize the program to process this transaction accordingly.

If this is an ABLE to Work contribution, I further certify that:

- The Beneficiary is earning wages.
- This contribution is being made by the Beneficiary.
- The amount of this ABLE to Work contribution is: (1) less than or equal to the Beneficiary's gross income for this calendar year, and (2) less than or equal to the current year's ABLE to Work contribution limit (see the PA ABLE Savings Program Disclosure Statement and Participation Agreement for current limits).
- The Beneficiary has neither made nor received contributions to a defined contribution plan (such as a 401(k), 403(b) annuity plan, or 457(b) deferred compensation plan) this calendar year.

_____ _____/_____/_____

Signature of Beneficiary or Authorized Individual **Date** (mm/dd/yyyy)