PA ABLE

Withdrawal Form

Important information about this form:

- Fill out this form to request a partial or full withdrawal from your PA ABLE account.
- We are required to file an IRS Form 1099-QA when you make a withdrawal from your PA ABLE account.
- Depending on the source of the contribution, you must wait 5 to 10 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 third parties.
- Use black ink to type or print clearly, and do not staple the sheets together.

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

Vestwell

2 Choose the type of withdrawal

◯ Direct deposit into the bank account connected to this ABLE 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 Individual

◯ A check sent to a third party (Fill out Step **4, 5, 6** and **7**)
(A notarization acknowledgment on page 7 is required for any withdrawals over $50,000 or any withdrawals to third parties)

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 Individual.

_____
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:

A 000000000 A 00000000000000 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. You can withdraw up to 95% of your balance, or the full amount. For important information about the investment options please see the **Program Disclosure Statement**. You must wait 5 days before you can withdraw a contribution made by bank transfer or check.

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 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 check 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 PA ABLE Program Disclosure Statement and Participation Agreement and understand the rules and regulations governing withdrawals from my PA ABLE account. I also certify that the information provided on this form is accurate and hereby instruct the PA ABLE 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 Individual, 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 Individual **Date** (mm/dd/yyyy)

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.

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 Individual

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