

Important information about this form:

- Fill out this form to contribute money to a STABLE Account with a check.
- You may only contribute to an existing account. Use an **Enrollment Form** (or sign up online at www.STABLEAccount.com) 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.
- There's a minimum contribution of at least \$1 per portfolio/fund and a yearly contribution limit of \$15,000.
- 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 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

1 STABLE Account information

Name of the Beneficiary on the STABLE Account (First and last)

____ - ____ - ____ - ____ - ____
Beneficiary's Social Security or Taxpayer Identification Number

S T - ____ - ____ - ____ - ____ - ____
STABLE Account number

2 Contribution type

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

- Standard contribution
\$15,000 yearly standard contribution 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 and Participation Agreement for current limits) in addition to the yearly standard contribution limit.

3 Contribution information

There's a \$25 minimum contribution to open an account and you must contribute at least \$1 to each portfolio or fund you want to add money to. Please include a check made out to STABLE Account.

Please read the STABLE Account **Plan Disclosure Statement & Participation Agreement** for important information about the cash and investment options before making a decision.

Investment options

Growth Portfolio \$ _____ , _____ . _____
Amount

Moderate Growth Portfolio \$ _____ , _____ . _____
Amount

Conservative Growth Portfolio \$ _____ , _____ . _____
Amount

Income Portfolio \$ _____ , _____ . _____
Amount

BankSafe Savings Fund \$ _____ , _____ . _____
Amount

\$ _____ , _____ . _____
Total contribution amount

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

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)