

### Important information about this form:

- Fill out this form to request a partial or full withdrawal from your STABLE Account.
- We are required to file an IRS Form 1099-QA when you make a withdrawal from your STABLE Account.
- You must wait 5 days before you can withdraw a contribution made by bank ACH or check.
- If you recently changed your banking information or address, there's a 30-day hold period for withdrawals. With a Medallion Signature Guarantee (in **Step 7** of this form), you can bypass all the hold periods.
- A Medallion Signature Guarantee is only required for withdrawals over \$50,000.
- Keep any receipts for eligible expenses once the money from this account is used.
- 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  
**1-800-439-1653**

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 Choose the type of withdrawal

Direct deposit into the bank account connected to this account (Fill out **Step 2, 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 30-day hold if there was a recent change to the banking information.

A check sent to the mailing address on the account (Fill out **Step 2, 3** and **6**)  
There will be a 30-day hold period for check withdrawals if you recently changed the mailing address.

Who should we make the check out to?  Beneficiary  Authorized Legal Representative

A check sent to a third party (Fill out **Step 2, 3, 5, 6** and **7**)

**2** 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

**3 How much do you want to withdraw?**

Choose the portfolio(s) you want to withdraw money from. There's a \$5 minimum withdrawal and you must have at least \$5 in a portfolio to keep it open. You can withdraw up to 95% of the total amount or the full amount.

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

You must wait 5 days before you can withdraw a contribution made by bank ACH or check.

**Investment options**

- Growth Portfolio                       Full balance     Partial amount: \$ \_\_\_ \_\_ , \_\_\_ \_\_ \_\_ . \_\_\_ \_\_  
Amount
- Moderate Growth Portfolio         Full balance     Partial amount: \$ \_\_\_ \_\_ , \_\_\_ \_\_ \_\_ . \_\_\_ \_\_  
Amount
- Conservative Growth Portfolio      Full balance     Partial amount: \$ \_\_\_ \_\_ , \_\_\_ \_\_ \_\_ . \_\_\_ \_\_  
Amount
- Income Portfolio                       Full balance     Partial amount: \$ \_\_\_ \_\_ , \_\_\_ \_\_ \_\_ . \_\_\_ \_\_  
Amount
- BankSafe Savings Fund               Full balance     Partial amount: \$ \_\_\_ \_\_ , \_\_\_ \_\_ \_\_ . \_\_\_ \_\_  
Amount

**Want to withdraw all funds?**

- Yes, withdraw the full balance of all portfolios/funds I'm invested in.      \$ \_\_\_ \_\_ , \_\_\_ \_\_ \_\_ . \_\_\_ \_\_  
Total withdrawal amount
- Close this account  
Only check this if you want to close your account once all funds are withdrawn.

**4 Bank account information – If applicable**

Only complete if you selected direct deposit in **Step 1**.

**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 Legal Representative.

Bank routing number

Bank account number

**Need help?**

You can find your bank information on the bottom of one of your checks here:

000000000	00000000000	1000
Routing Number	Account Number	

**5 Third-party 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 STABLE Account **Plan Disclosure Statement & Participation Agreement** and understand the rules and regulations governing withdrawals from my STABLE Account. I also certify that the information provided on this form is accurate and hereby instruct STABLE Account 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 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 withdraw funds according to the instructions above.

\_\_\_\_\_  
Signature of Beneficiary or Authorized Legal Representative

\_\_\_\_\_  
Date (mm/dd/yyyy)

**7 Medallion Signature Guarantee For Withdrawals Over \$50,000**

**Keep in mind that:**

- You're providing the following information as underwritten certification that your signature is genuine.
- You can get a Medallion Signature Guarantee from an authorized officer of a bank, broker, or other qualified financial institution. A notary public doesn't qualify, and you cannot guarantee your own signature. You may be required to provide proof of your authority to act on behalf of the STABLE Account.
- Only sign if you are in the presence of an authorized officer providing the Medallion Signature Guarantee.

I certify that the information provided herein is true and complete in all respects, and that I have read and understand, consent, and agree to all the terms and conditions of the STABLE Account **Plan Disclosure Statement & Participation Agreement**.

\_\_\_\_\_  
Signature of Beneficiary or Authorized Legal Representative

\_\_\_\_\_  
Signature Guarantor

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name of Institution

\_\_\_\_\_  
Date (mm/dd/yyyy)

**Have the Authorized Officer stamp here**