

**Important information about this form:**

- Fill out this form to setup, remove, or change recurring monthly withdrawals from your STABLE account.
- You must have an open account to use this form. If you need to sign up, go online to [STABLEaccount.com](https://STABLEaccount.com) or use an **Enrollment Form** before completing this form.
- We are required to file an IRS Form 1099-QA when you make a withdrawal from your account.
- Withdrawals may have tax consequences depending on how the distribution is used. You should consult your tax advisor.
- A notarization acknowledgement is required for monthly withdrawals over \$50,000 or any withdrawals to 3rd parties.
- Keep any receipts for eligible expenses once the money from this account is used.
- Make sure you use black ink. Type or print clearly in capital letters.

**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  
PO Box 534425  
Pittsburgh, PA 15253- 4425

**Overnight Mail:**

STABLE Account Plan  
Attention: 534425  
500 Ross Street, 154-0520  
Pittsburgh, PA 15262

**Fax:**

844-745-9612

**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 Instructions**

- Stop all monthly withdrawals from this account (skip to **Step 7**)
- Change all monthly withdrawals from this account (complete **Steps 3, 4, and 7**)
- Create a new monthly withdrawal from this account (complete **Steps 3, 4, and 7**)

**3 Choose the type of withdrawal**

**Direct deposit into the bank account connected to this account** (Fill out **Step 5** and **7**)  
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 **Step 7**)  
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 Legal Representative

A check sent to a third party (Fill out **Step 6, 7** and **8**)

\* A note on when withdrawals will be deducted from your account: If the Withdrawal Day you've selected falls on a regular business day, your withdrawal will be deducted from your account two business days prior to the Withdrawal Day. If the Withdrawal Day you've selected falls on a weekend or a holiday, the withdrawal will be deducted from your account on the next Business Day. The withdrawn amount should reach your bank account within 2-5 business days.

**4 Monthly withdrawal setup**

Tell us how much you want to withdraw from your account each month. There is a \$5 minimum withdrawal from each portfolio you select.

Growth Portfolio \$ \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_  
Amount

Moderate Growth Portfolio \$ \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_  
Amount

Conservative Growth Portfolio \$ \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_  
Amount

Income Portfolio \$ \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_  
Amount

BankSafe Savings Fund \$ \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_  
Amount

\_\_\_\_\_ \$ \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_  
Total withdrawal amount

**Withdrawal Day** (1 – 28)\*  
If you don't pick a date, we'll automatically deduct your withdrawal on the 1st of every month.

\* A note on when withdrawals will be deducted from your account: If the Withdrawal Day you've selected falls on a regular business day, your withdrawal will be deducted from your account the same day. If the Withdrawal Day you've selected falls on a weekend or a holiday, the withdrawal will be deducted from your account on the next Business Day. The withdrawn amount should reach your bank account within 2–5 business days.

**5 Bank account information**

Attach a voided check or copy of your bank statement showing the name, address, the account number and complete the bank information below. (Please do not staple, use a paper clip for the check).

What type of documentation are you including to verify this bank account?

- Voided check
- Bank statement

Bank account type     Checking     Savings

**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.

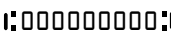
Bank name

Bank routing number

Bank account number

**Need help?**

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

	
Routing Number	Account Number

**6** Third-party information

---

Payable to

---

Contact name

---

Memo line

**Mailing address**

---

Street address 1

---

Street address 2

---

City

---

State

---

ZIP Code

**7 Sign the form**

By signing this form, you're confirming that the information provided is accurate, and true and that you agree and certify that:

- If I selected Stop all monthly withdrawals from this account, or Replace all monthly withdrawals from this account:
  - I understand that all currently active monthly withdrawals from this account will be cancelled.
  - I understand that my request will become effective once processed by the Program and that the Program must receive my request at least 1 business day before I want it to become effective.
- If I selected Create a new monthly withdrawal from this account, or Replace all monthly withdrawals from this account:
  - I understand this authorizes the Program to initiate recurring withdrawals from my STABLE account and to either: (i) make recurring deposits to my bank account; (ii) send checks to my address; or (iii) send checks to a third party on the Withdrawal Day each month for the total withdrawal amount.\*
  - I understand that if there is not enough money in my account to complete the recurring withdrawal or if the withdrawal amount is greater than 95% of my account balance, it will fail.
  - I may cancel these recurring monthly withdrawals by using this form.

---

Signature of Beneficiary or Authorized Legal Representative

---

Date (mm/dd/yyyy)

\* A note on when withdrawals will be deducted from your account: If the Withdrawal Day you've selected falls on a regular business day, your withdrawal will be deducted from your account the same day. If the Withdrawal Day you've selected falls on a weekend or a holiday, the withdrawal will be deducted from your account on the next Business Day. The withdrawn amount should reach your bank account within 2–5 business days.

**8 A notarization acknowledgement is required for a withdrawal over \$50,000 or any withdrawals to 3rd parties.**

**Keep in mind that:**

- You're providing the following information as underwritten certification that your signature is genuine.
- 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 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 Legal Representative

State of \_\_\_\_\_, County of \_\_\_\_\_

This instrument was acknowledged before me

physical presence  online notarization

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