AR ABLE
Achieving a Better Life Experience

Arkansas ABLE

Additional Contribution Form

- Use this form to make additional contributions to the Arkansas ABLE Account by check.
- Clearly print all required information and include a check payable to Arkansas ABLE.
- Do not use this form to initiate an incoming Direct Rollover or Indirect Rollover from another ABLE plan or a Section 529 Education Savings Plan. Instead, please complete and submit an **Incoming Direct Rollover Form**.
- Account Owners and/or their Authorized Individuals should carefully review the information in the Plan Disclosure Booklet related to Account contributions.
- Important: Contributions to the Asset Allocation Options will be available for withdrawal after 5 to 6 business days or 15 calendar days following a change to bank information. Contributions to the Checking Account Option will be available for withdrawal after 6 or 7 business days.
- Capitalized terms used in this form, but not defined in the form, have the meanings provided in the Plan Disclosure Booklet.
- Type or print clearly, printing in capital letters and black ink. Please mail the form to the Plan. Do not staple.

1.888.609.8874
7 a.m. to 4 p.m. CT M-F

FAX **1.617. 559.8937**

arkansasable.com

clientservice@arkansasable.com

Regular mailing address:
Arkansas ABLE
P.O. Box 219092
Kansas City, MO 64121

Overnight mailing address:
Arkansas ABLE
1001 E 101st Terrace, Suite 200
Kansas City, MO 64131

Note: This contribution will be invested according to the standing allocation instructions on file for the Account at the time this form is received in good order. Standing allocation instructions can be updated online by logging into the Account or by completing the **Investment Option Change/ Future Contribution Allocation Form**.

Forms can be downloaded from our website at **arkansasable.com**, or you can call Customer Service to request any form — or request assistance in completing this form — at **1.888.609.8874** any business day from 7 a.m. to 4 p.m. CT.

1. Account Information

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Account Number (Include the Arkansas ABLE Account number on the check).

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Account Owner's Legal First Name (M.I.)

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Account Owner's Legal Last Name

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Last 4 Digits of Account Owner's Social Security Number

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Telephone Number

2. Contribution Method

Important: All checks must be made payable to Arkansas ABLE

$ ☐☐,☐☐☐.☐☐
Amount