STABLE ACCOUNT

Payroll Deduction Form

Important information about this form:

- Fill out this form to set up payroll deduction contributions to your STABLE Account, or to change existing payroll deduction contributions. To stop payroll deduction contributions, please contact your employer.

- Review the **Employee Checklist** (included with this form), and **Plan Disclosure Statement & Participation Agreement**.

- If you are an Authorized Legal Representative and wish to set up payroll deductions to multiple STABLE Accounts, please submit a different form for each STABLE Account you want to make payroll deductions contributions to.

- Your STABLE Account must be open before you submit this form to your Employer and the Plan to start payroll deductions.

- Once completed you'll need to give a copy of this form to your Employer and send us the original via online upload or mail (to the address indicated).

- To submit the form online, you may do so by uploading the completed Payroll Deduction Form by using Sumday's upload feature. Once you have signed into your account, please select the "Contact Us" option, follow the steps, and you will be able to upload your completed form.

- It may take up to 10 business days from the receipt of this form before a payroll deduction can be accepted. Please keep an additional copy of this form for your records.

- Make sure you use black ink to 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
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 Beneficiary on the STABLE Account (First and last)

__ __ __ – __ __ – __ __ __ __
Beneficiary's Social Security or Taxpayer Identification Number

S T – __ __ __ __ __ __ __ __ __ __
STABLE Account number

2 **Payroll deduction instructions**

(Select one)

◯ Set up payroll deduction

◯ Changing existing payroll deduction instructions
(This will replace any previous payroll deduction instructions for this account)

3 **Employee information**

The employee must be the STABLE Account Beneficiary or Authorized Legal Representative listed on the account.

_____

Employee ID Number (For Employer use only)

_____

Name of Employee (First and last)

_____

Name of Employer

Employer address

_____   _____
Street address 1   Street address 2

_____   _____   __ __ __ __ __ - __ __ __ __
City   State   ZIP Code

_____
Employer contact name

__ __ __ - __ __ __ - __ __ __ __   __ __ __ __
Employer telephone number   Ext.

4 **Contribution information**

Tell us how much you want to contribute to your account each month. There is a $1 minimum contribution to each portfolio you select.

Investment options

Growth Portfolio

$ __ __ , __ __ __ . __ __
Amount

Moderate Growth Portfolio

$ __ __ , __ __ __ . __ __
Amount

Conservative Growth Portfolio

$ __ __ , __ __ __ . __ __
Amount

Income Portfolio

$ __ __ , __ __ __ . __ __
Amount

BankSafe Savings Fund

$ __ __ , __ __ __ . __ __
Amount

$ __ __ , __ __ __ . __ __
Total contribution amount

__ __ / __ __ / __ __ __ __

Effective date (This is the date the employee wants the employer to begin their payroll deductions)

5 **Contribution type**

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

◯ **Standard contribution**
See the Plan Disclosure Statement for the current annual contribution limit.

◯ **ABLE to Work contribution**
If the Beneficiary is earning wages, they may contribute an amount equal to their gross income (see Plan Disclosure Statement for current limits) in addition to the yearly standard contribution limit. This contribution type is only available if the employee listed in Step 3 is the Beneficiary.

6 Sign the form

By signing below, I authorize my employer to process periodic deductions from my paycheck for contribution into this STABLE Account.
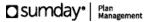
- I acknowledge and agree that my remedy for any errors made in connection with these transactions is limited to simple reimbursement of the amount of the error.

- I authorize the Plan and its agents to make adjustments to my account to correct such error.

- I understand that this STABLE Account may not be credited with my payroll deduction until the funds are received from my employer and that the date on my payroll stub may not be the same date the deposit is credited to this account.

- This authorization will remain in effect until cancelled by me or by the Plan, or upon termination of my employment with my employer.

If you're making an ABLE to Work contribution:

By signing below, if I'm making an ABLE to Work contribution, I certify that:

- The Beneficiary is earning wages.

- This recurring payroll contribution is being initiated with the understanding that the total ABLE to Work contributions for this year are anticipated to be no more than the amount the beneficiary has earned in gross income for the current year or the current limits (see the Plan Disclosure Statement for current limits), whichever is less.

- The Beneficiary (or the Beneficiary's employer) has not contributed to a retirement plan, including defined contribution plan e.g. 401(k), annuity plan (403(b)), or deferred compensation plan (457(b)) this calendar year.

_____

Signature of Beneficiary or Authorized Legal Representative

_____

Date (mm/dd/yyyy)

Employee Checklist

Please read this checklist carefully before completing this form.

✓ Be sure to include your employee ID number on this form to help your employer identify your payroll record.

✓ Your payroll deduction form will be rejected in its entirety if:

   1. you do not provide an account number,

   2. your contribution total is not added correctly, or

   3. the contribution amount for any portfolio/fund is less than $1.

✓ Give a copy of this form to your Employer or use the instructions in the Employer Checklist below to set up the deposit in your employer's self-service payroll system.

✓ **Upload this form or mail it to the Plan at the address indicated.** It may take up to 10 days from the receipt of this form before a payroll deduction contribution can be accepted.

✓ You must contact your employer to stop payroll deductions.

✓ If you have questions, please contact STABLE Account customer service.

Employer Checklist

The following information has been developed to help you establish automatic payroll deduction for any employee. Please read it carefully before sending funds to the Plan on behalf of any employee via ACH (Automated Clearing House) funds.

✓ The employee must provide their STABLE Account number on this form in order to set up payroll deduction.

✓ Code the account type (i.e., deposit) as "Checking" and transmit the funds to Bank of New York Mellon (ABA Number 011001234).

✓ Enter the account number as 740705.

✓ If your Payroll System allows, please enter the Individual Name Field with the employee's STABLE Account number + Last Name.

- Example: Employee STABLE Account number ST-1234567890, Last name Jones = ST-1234567890 Jones.

- If your payroll system generates the Account Name field automatically and does not allow for manual update then we will accept the system generated full name.

✓ It may take up to 10 days from the receipt of this form by the Plan before a payroll deduction can be accepted.

✓ If you have questions, please contact STABLE Account customer service.