STABLE»

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.
- A notarization acknowledgement is required for any withdrawals over \$50,000 or any withdrawals to 3rd parties (**Step 7** of this form).
- If you recently changed your banking information, there will be a 10-day hold period for check withdrawals. If you recently updated your address, there will be a 15-day hold period for check withdrawals. With a notarization acknowledgement (**Step 7** of this form) you can bypass the hold periods.
- 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 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



STABLE account information

Beneficiary's Social Security or Taxpayer Identification Number

STABLE account number



Investment options



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

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.

Growth Portfolio	Full balance	O 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?	nce of all portfolios/fu	\$ nds I'm invested in.	, , Total withdrawal amount
Close this account Only check this if you	want to close your acc	count once all funds are v	vithdrawn.
Vestwell			v1.2 02/27/2023 2



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

Payable to

5

Third-party information

Routing Number

Need help?

Account Number

You can find your bank information on the

bottom of one of your checks here:

ZIP Code

Contact name
Memo line
Mailing address
Street address 1
Street address 2

State

City





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)

STABLE »

Notarization acknowledgement for withdrawals	
Keep in mind that:	
You're providing the following information as underwritter	n certification that your signature is genuine.
 You cannot guarantee your own signature. You may be re behalf of the STABLE account. 	equired to provide proof of your authority to act o
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 hereu
set my hand this day of	20
set my hand this day of Month	Year , 20 <u>Year</u> .
Signature of Beneficiary or Authorized Legal Representative	
Signature of Beneficiary or Authorized Legal Representative	
Signature of Beneficiary or Authorized Legal Representative State of, County of	
State of , County of	
State of, County of	Notary Public (Seal)
State of , County of	
State of, County of This instrument was acknowledged before me physical presence online notarization on	
State of, County of This instrument was acknowledged before me physical presence online notarization	
State of, County of This instrument was acknowledged before me physical presence online notarization on Date (mm/dd/yyyy)	
State of, County of This instrument was acknowledged before me physical presence online notarization on	
State of, County of This instrument was acknowledged before me physical presence online notarization on Date (mm/dd/yyyy) by	

Signature of Notary Public