

Contribution Form

Important information about this form:

- Fill out this form to contribute money to an STABLE account with a check.
- You may only contribute to an existing account. Use an Enrollment Form (or sign up online at www.STABLEAccount.com) if you don't have an account.
- Include a check with the amount you'd like to add, and make it payable to STABLE account.
- STABLE accounts are subject to a Maximum Annual Contribution Limit. See the Plan Disclosure Statement for the current limit.
- If you're making an ABLE to Work contribution, you may contribute an amount equal to the Beneficiary's gross income, up to the current limit (see Program Disclosure Statement for current limits), in addition to the yearly standard contribution limit.
- Type or print clearly in black ink, and do not staple the check.
- Please note, once your funds have been allocated there is a 5-day hold period where you will not be able to withdraw these funds.

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)	
S T -	
STABLE account number	





Whi	ch type of contribution are you making (Please select one	9)
	Standard contribution STABLE accounts are subject to a Maximum Annual Conthe current limit.	ntribution Limit. See the Plan Disclosure Booklet f
	ABLE to Work contribution If the Beneficiary is earning wages, they may contribute a up to the current limit (see Program Disclosure Statemen addition to the yearly standard contribution limit.	
Со	ntribution information	
	There's a \$25 minimum contribution to open an account and you must contribute at least \$1 to each fund you want to add money to. Please include a check made out to STABLE account.	
Please read the STABLE account Plan Disclosure Statement & Participation information about the cash and investment options before making a decision		
Inve	estment options	
	estment options wth Portfolio	\$, Amount
Gro		
Gro	wth Portfolio	Amount \$,
Gro Mod Cor	wth Portfolio derate Growth Portfolio	\$, Amount \$,

The investment information on this page has been provided by Marquette Associates, the investment advisor for the STABLE account Plan.



Total contribution amount





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 contributions to my STABLE account. I also certify that the information provided on this form is accurate and hereby instruct STABLE account to distribute this contribution as I have indicated.
- 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 contribute funds according to the instructions above.

Signature of Beneficiary or Authorized Legal Representative	Date (mm/dd/yyyy)

