

Important information about this form:

- Fill out this form to set up payroll direct deposit contributions to your STABLE account, or to change existing payroll direct deposit contributions. To stop payroll direct deposit 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 direct deposits to multiple STABLE accounts, please submit a different form for each STABLE account you want to make payroll direct deposit contributions to.
- Your STABLE account must be open before you submit this form to your Employer and the Plan to start payroll direct deposits.
- 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 Direct Deposit Form by using Vestwell'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 direct deposit 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
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 Beneficiary on the STABLE account (First and last)

____ - ____ - ____ - ____ - ____
Beneficiary's Social Security or Taxpayer Identification Number

S T - ____ - ____ - ____ - ____ - ____
STABLE account number

2 Payroll direct deposit instructions

(Select one)

- Set up payroll direct deposit
- Changing existing payroll direct deposit instructions
(This will replace any previous payroll direct deposit 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 direct deposits)

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 direct deposits 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 adjust my account to correct such error.
- I understand that this STABLE account may not be credited with my payroll direct deposit 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 direct deposit 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 direct deposit 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 direct deposit contribution can be accepted.
- ✓ You must contact your employer to stop payroll direct deposits.
- ✓ If you have questions, please contact STABLE account customer service.

Employer Checklist

The following information has been developed to help you establish automatic payroll direct deposits 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 direct deposits.
- ✓ 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 direct deposits can be accepted.
- ✓ If you have questions, please contact STABLE account customer service.