

**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](http://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 ABL 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  
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 the Beneficiary on the STABLE Account (First and last)

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_  
Beneficiary's Social Security or Taxpayer Identification Number

S T - \_\_\_\_\_  
STABLE Account number

**2 Contribution type**

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

- Standard contribution**  
STABLE Accounts are subject to a Maximum Annual Contribution Limit. See the Plan Disclosure Booklet for the current limit.
- ABLE to Work contribution**  
If the Beneficiary is earning wages, they may contribute an amount equal to their gross income, up to the current limit (see Program Disclosure Statement and Participation Agreement for current limits) in addition to the yearly standard contribution limit.

**3 Contribution information**

There's a \$25 minimum contribution to open an account and you must contribute at least \$1 to each portfolio or 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 Agreement** for important information about the cash and investment options before making a decision.

**Investment options**

Growth Portfolio \$ \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_  
Amount

Moderate Growth Portfolio \$ \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_  
Amount

Conservative Growth Portfolio \$ \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_  
Amount

Income Portfolio \$ \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_  
Amount

BankSafe Savings Fund \$ \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_  
Amount

\$ \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_  
Total contribution amount

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

**4 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.

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**Signature of Beneficiary or Authorized Legal Representative**

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**Date** (mm/dd/yyyy)