



ABLE Additional Contribution Amount Form

Use this form to make Additional Contribution Amounts (as defined below) to your Fidelity® ABLE Plan account. This form MUST be submitted once per calendar year, along with the first contribution to your ABLE Plan account that brings the total amount contributed for the calendar year above the annual exclusion amount as set forth under IRC Section 2503(b). The exclusion amount may increase from time to time based on inflation-related adjustments. A submission of this form without a check, or of a check representing your first Additional Contribution Amount for the year above the limit but without this form, cannot be processed or deposited and will be returned. For more information on making Additional Contribution Amounts to your ABLE Plan account, please see the Attainable® Savings Plan Disclosure Document. Type on screen or fill in using CAPITAL letters and black ink.

Write your account number in the memo field of the check(s) and mail to:

- Regular mail: Fidelity Investments, P.O. Box 770001, Cincinnati, OH 45277-0047
- Overnight mail: Fidelity Investments, 100 Crosby Parkway, KC1H, Covington, KY 41015-4325

Important to Understand

- Please keep in mind that in order to make Additional Contribution Amounts to an ABLE Plan account, the Designated Beneficiary must be a Qualified Employed Beneficiary* and have employment income to make Additional Contribution Amounts up to the lesser of (i) the Designated Beneficiary's/Eligible Individual's compensation for the taxable year, or (ii) an amount equal to the Federal Poverty Level for a one-person household, as defined by federal law.
- Your contribution will be invested according to the standing investment elections you made previously for this account.

1. Account Owner

Designated Beneficiary/Eligible Individual Name		Fidelity Account Number
Person with Signature Authority (PSA) Name <i>If applicable</i>		
Daytime Phone	Extension	

2. Contribution Information *All contributions may be subject to a clearing period of four business days.*

List Checks:

Check Number	Amount
	\$
Check Number	Amount
	\$
Check Number	Amount
	\$
Check Number	Amount
	\$
Check Number	Amount
	\$
Total Investment	
\$	

Form continues on next page. ►►

*A Qualified Employed Beneficiary is a Designated Beneficiary/Eligible Individual who is employed and has made no contribution to a defined contribution, 403(b), or 457(b) plan on behalf of such Designated Beneficiary/Eligible Individual for the applicable year.



3. Signature and Date *Person with Signature Authority (PSA) must sign and date. If there is no PSA, the Designated Beneficiary/Eligible Individual must sign.*

By signing below, you:

- Agree and consent to the terms set forth in the Attainable[®] Savings Plan Disclosure Document, which includes information on contribution limits and eligibility requirements for making Additional Contribution Amounts to an Attainable Savings Plan account.
- Understand that subsequent Additional Contribution Amounts during the same calendar year will be accepted through all available contribution methods without resubmission of this form and will be processed, if requested, up to the amount equal to the Federal Poverty Level.
- Acknowledge and confirm that you, and not the Attainable Savings Plan or Fidelity, are solely responsible for determining whether the Designated Beneficiary/Eligible Individual qualifies to contribute an Additional Contribution Amount in any year, for determining the amount of the Additional Contribution Amount the Designated Beneficiary/Eligible Individual may contribute in such a year, and for observing compliance with that amount.
- Understand that the Designated Beneficiary/Eligible Individual is solely responsible for any tax penalties or loss of benefits that may result from a contribution in excess of the permitted Additional Contribution Amount.
- Acknowledge that the Designated Beneficiary/Eligible Individual (or PSA, if applicable) is required to maintain adequate records to ensure compliance with the Attainable Savings Plan's Annual Contribution Limit, including the Additional Contribution Amount.

PRINT DESIGNATED BENEFICIARY/PERSON WITH SIGNATURE AUTHORITY (PSA) NAME	
DESIGNATED BENEFICIARY/PSA SIGNATURE	DATE MM/DD/YYYY
SIGN X	X

On this form, "Fidelity" means Fidelity Brokerage Services LLC and its affiliates. Brokerage services are provided by Fidelity Brokerage Services LLC, Member NYSE, SIPC. 837443.1.0 (06/18)

