

### Important information about this form:

- Use a **Rollover Form** to transfer assets from this ABLE account to another eligible Beneficiary.
- An IRS Form 1099-QA is filed when a withdrawal is made from the ABLE account.
- Please provide a <u>certified</u> copy of the Death Certificate and the <u>original</u> Certificate of Domicile and Letter of Testamentary for the Medallion Signature Guarantee.
- Please send in copies of the Death Certificate, Certificate of Domicile and Letter of Testamentary with this form.
- Type or print clearly in black ink, and do not staple the pages or copies of documents included with this form.



### **ABLE** account information

Name of the Beneficiary on the ABLE account (First and last)

Beneficiary's Social Security or Taxpayer Identification Number

\_\_\_\_\_



# **Executor information**

Name (First and last)

\_\_\_\_ / \_\_\_ / \_\_\_ \_ \_\_ \_ \_\_\_ \_\_\_ \_\_\_\_ Date of birth (mm/dd/yyyy)

Social Security or Taxpayer Identification Number

### Need help?

Give us a call Monday – Friday from 9am – 6pm ET at **1-888-524-2253** or from 9am – 8pm ET at **1-844-888-2253 (TTY)** 

Mail the form to:

ABLE United P.O. Box 9696 Providence, RI 02940-9696

#### **Overnight Mail:**

ABLE United 4400 Computer Drive Westborough, MA 01581



3

4

continued from page 2				
Street address 1	Street ad	Street address 2		
City	State	ZIP Code		
Choose the type of withdrawal				
A check made payable to the Beneficiary's (Please let us know where to mail the check				
Mail check to the Beneficiary's addre	ess on file			
Mail check to the executor's address	provided on this for	m		
Rollover to another eligible Beneficiary (Please fill out a <b>Rollover Form</b> for the plan	you're transferring th	ese assets to)		
Sign the form				
By signing below, I cortify that all the information	n provided on this for	rm and in the future will be tru	a aamalata	

By signing below, I certify that all the information provided on this form and in the future, will be true, complete and correct. I authorize the Program to close this account based upon this information.

Signature of Executor

Date (mm/dd/yyyy)



## A Medallion Signature Guarantee is required for the death of a Beneficiary

Please provide a certified copy of the Death Certificate and the original Certificate of Domicile and Letter of Testamentary for the Medallion Signature Guarantee. When you mail in this form, please include copies of these documents.

### Keep in mind that:

- You're providing the following information as underwritten certification that your signature is genuine.
- You can get a Medallion Signature Guarantee from an authorized officer of a bank, broker, or other qualified financial institution. A notary public doesn't qualify, and you cannot guarantee your own signature. You may be required to provide proof of your authority to act on behalf of the ABLE account.
- Only sign if you are in the presence of an authorized officer providing the Medallion Signature Guarantee.

I certify that the information provided herein is true and complete in all respects, and that I have read and understand, consent, and agree to all the terms and conditions of the **Program Description & Participation Agreement**.

	Have the Authorized Officer stamp here
Signature of Executor	
Signature Guarantor	
Title	
Name of Institution	

Date (mm/dd/yyyy)