

Complete this form to rollover funds from another Qualified ABLE Program (QAP) into an ABLE United account for the same Beneficiary or to transfer funds into a family member's established ABLE United account.

Please read the Program Description and Participation Agreement carefully before completing this form. This document can be found at www.ableunited.com/pdpa. Terms and Conditions described in Section 1 of this document apply.

You must first have an established ABLE United account before completing this form.

Return completed form and applicable documentation to: ABLE United, PO Box 44034, Jacksonville, FL 32231

Questions? Email us at customerservice@ableunited.com or call us at 1-888-524-ABLE (2253)

1. ABLE UNITED ACCOUNT INFORMATION

ABLE United Account Number: _____

Beneficiary Full Name (Required): _____

Beneficiary Social Security Number (Required): _____

If the Beneficiary is not the Account Administrator, please also complete the following information for the **Account Administrator:**

Full Name: _____

Telephone Number: _____

2. WHAT WOULD YOU LIKE TO DO? (Please choose only one)

_____ **A. Direct Rollover funds from a QAP into an ABLE United account for the same Beneficiary**
(Complete Section A below)

No Beneficiary may have more than one ABLE account in existence at the same time.

_____ **B. Indirect Rollover from a QAP that have been withdrawn from that plan**
(Complete Section B below)

You have 60 days to close your old account from the date of the Rollover.

_____ **C. Transfer funds to a family member's established ABLE United account**
(Complete Section C below)

A Beneficiary may receive funds transferred from another family member's QAP.

A. Rollover Funds from another Qualified ABLE Plan (QAP)

ABLE United will contact the QAP into which the rollover funds are coming from in order to complete a direct rollover. Note, this QAP may require paperwork to be completed in order to process rollover to ABLE United. Please provide following information about your Rollover from another QAP:

Name of Other QAP: _____

Mailing Address: _____

City, State Zip: _____

Contact Person: _____ Telephone Number: _____

Other QAP Account Number: _____

Beneficiary Name of the Other QAP (Must be the same as the ABLE United Beneficiary)

Full Name: _____

Date of Birth: _____ SSN: _____

B. Rollover Funds from another Qualified ABLE Plan (QAP) if Funds have been withdrawn

You must enclose a check made payable to ABLE United for this amount and documentation from the distributing financial institution detailing the information below. If documentation is not provided, the entire deposit will be treated as earnings and may jeopardize the designated beneficiary's eligibility for certain government benefits under various means-tested programs.

1. Total Rollover Amount: \$ _____
2. Earnings: \$ _____
3. Year-to-date Contributions (this is the amount contributed this year to the QAP account): \$ _____
4. Date of Establishment (this is the date the other QAP Account was first established): _____

C. Transfer funds to a family member's established ABLE United account

You can rollover funds from a family member's other QAP account to an ABLE United Beneficiary with proper documentation. The receiving family member must have an established ABLE United account.

The receiving Beneficiary should have been entered in Section 1 above.

Please provide the Family Member's QAP information below.

Name of Family Member's QAP Plan: _____

Mailing Address: _____

City, State Zip: _____

Family Member's QAP Account Number: _____

Family Member's Name as owner of the Other QAP

Full Name: _____

Date of Birth: _____ SSN: _____

Relationship to ABLE United Beneficiary: _____

3. SIGNATURE & AUTHORIZATION

This section must be signed by the **Current Account Administrator**.

▶ I certify under the penalties of perjury that all of the information provided by me on this form is true, complete and correct.

▶ I understand for the ABLE United to be treated as an ABLE account, the ABLE account from which amounts were rolled must be closed by the 60th day from when funds were distributed.

Signature of ABLE United **Account Administrator**

Date