

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 certified copy of the Death Certificate and Letter of Administration for the notarization acknowledgement.
- Please send in copies of the Death Certificate and Letter of Administration with this form.
- Type or print clearly in black ink, and do not staple the pages or copies of documents included with this form.

Need help?

Give us a call Monday – Friday
from 9am – 6pm ET at
1-888-524-2253

Individuals with speech or hearing disabilities may dial 711 to access Telecommunications Relay Service (TRS) from a telephone or 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

1 ABLE account information

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

____ _ - ____ _ - ____ _

Beneficiary's Social Security or Taxpayer Identification Number

AU ____ _
ABLE United account number

2 Personal Representative information

Name (First and last)

____ _ / ____ _ / ____ _

Date of birth (mm/dd/yyyy)

____ _ - ____ _ - ____ _

Social Security or Taxpayer Identification Number

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Telephone number

Street address 1

Street address 2

City

State

ZIP Code

3 Choose the type of withdrawal

- A check made payable to the Beneficiary's estate
(Please let us know where to mail the check to)
- Mail check to the Beneficiary's address on file
- Mail check to the Personal Representative's address provided on this form
- Rollover to another eligible Beneficiary
(Please fill out a **Rollover Form** for the plan you're transferring these assets to)

4 Sign the form

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.

Only sign if you are in the presence of a notary public or other officer providing notarization.

Signature of Personal Representative

Date (mm/dd/yyyy)

5 A notarization acknowledgement 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 Administration for the notarization. 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 cannot guarantee your own signature. You may be required to provide proof of your authority to act on behalf of the ABLE Account.

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of

physical presence or **online notarization,**

This ____ day of _____, 20____, by _____

Signature of Notary Public - State of Florida

Circle one:
Personally Known OR Produced Identification

Type of Identification Produced

**Print, Type, or Stamp Commissioned
Name of Notary Public**