

### 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 the original Certificate of Domicile and Letter of Administration for the Medallion Signature Guarantee.
- Please send in copies of the Death Certificate, Certificate of Domicile 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** 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

## 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.

\_\_\_\_\_  
Signature of Personal Representative

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

**5 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 Administration 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 ABLÉ 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**.

\_\_\_\_\_  
Signature of Personal Representative

\_\_\_\_\_  
Signature Guarantor

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name of Institution

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

Have the Authorized Officer stamp here