

Important information about this form:

- Use this form to make a direct or indirect rollover from an old ABLE account into a new ABLE United account. The assets will be allocated based on your investment selection for the ABLE United account.
- For direct rollovers, you must have the old ABLE account information available. The funds must be sent directly by the old ABLE Program Manager within 60 days of opening your new ABLE United account. The old ABLE Program Manager might also require a notarization in **Step 7**.
- For indirect rollovers, you must close the old ABLE account and deposit the full amount you want to rollover into a new ABLE United account within 60 days of the withdrawal from the old account.
- For all rollovers, unless the old ABLE account is closed within 60 days of the rollover withdrawal from such account, the new ABLE account will not be considered a qualified ABLE account for tax purposes and the assets in such account will not be disregarded for purposes of eligibility for federal and/or state means-tested benefits programs.
- If you need to open an account, sign up online at www.ABLEUnited.com or use an **Enrollment Form** before completing this form.
- An eligible Beneficiary can only have one ABLE account open at any time, except for the 60-day grace period for closing an ABLE account following a rollover to a new ABLE account.
- If there is an Authorized Legal Representative (ALR) on the old ABLE account, they must be the same on the new account. If you would like to change the ALR, please do so on the old ABLE account before completing this form.
- The Beneficiary of the new ABLE United account must remain the same as the beneficiary of the old ABLE account or be an eligible “Member of the Family” (brother, sister, stepbrother, stepsister) of the beneficiary of the old ABLE account.
- A rollover from one ABLE account to another qualified ABLE account for the same beneficiary can only occur once every 12 months.
- Make sure you use black ink to type or print clearly in capital letters and do not staple the pages together.

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 Rollover type

Select the type of rollover you want to make and follow the assigned Steps.

- Direct Rollover** — Roll over assets directly from an old ABLE program into a ABLE United account. (Complete **Steps 1 – 3, 5, 6**, and possibly **7** if a notarization is required by the old ABLE Program Manager.)
- Indirect Rollover** — Deposit assets that have been withdrawn from the old ABLE account into the new ABLE United account. (Complete **Steps 1, 2, 4, 5** and **6**.)

2 New ABLE account information

This is the ABLE United account you're rolling assets into.

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

__ _ - __ _ - __ _
Beneficiary's Social Security or Taxpayer Identification Number

Is the Beneficiary the same for both the old ABLE account and the ABLE United account?

- Yes, and I certify that there has been no rollover to an ABLE account for the Beneficiary from any other ABLE account for the Beneficiary within the last 12 months.
- No, and I certify that the new Beneficiary listed above meets the permitted family member designation in Section 529A (brother, sister, stepbrother, or stepsister) of the beneficiary of the old ABLE account.

AU _____
ABLE United account number

Who should we contact?

We need the following information for either the Beneficiary or Authorized Legal Representative in case we need to contact you about the account:

Contact name (First and last)

__ _ - __ _ - __ _
Telephone number

3 Old ABLE account information

Only complete this step if you're making a direct rollover.

This is the old ABLE account you're rolling assets from.

ABLE Program State Sponsor
(2-character state abbreviation)

Old ABLE account number

Name of Beneficiary (First and last)

____ _ - ____ _ - ____ _
Beneficiary's Social Security or Taxpayer Identification Number

Name of Authorized Legal Representative— If applicable
If you need to change the Authorized Legal Representative, please make the change on the old ABLE program before completing this form.

____ _ - ____ _ - ____ _
Authorized Legal Representative's Social Security or Taxpayer Identification Number — If applicable

____ / ____ / ____
Date the old ABLE account was originally opened (mm/dd/yyyy)

Residential address associated with old ABLE account

Street address 1

Street address 2

City

State

____ _ - ____ _ - ____ _
ZIP Code

Email address associated with old ABLE account — If applicable

____ _ - ____ _ - ____ _
Telephone number

4 Rollover assets

Only complete this step if you're making an indirect rollover.

The assets from the old ABLE account that you are rolling over must be deposited within 60 days of withdrawal from the old ABLE account. Your rollover assets will be allocated based on your investment selections for the ABLE United account.

A Tell us what's on the check: \$ _____ , _____ . _____
Make the check payable to ABLE United. **Full amount of the rollover**

B Additional information: \$ _____ , _____ . _____
This info is for our records and doesn't need to be included on the check. You can find it **Principal of the rollover**
on your account statements. \$ _____ , _____ . _____
Earnings of the rollover

C Current tax-year contributions made to the old ABLE account before rollover: \$ _____ , _____ . _____
Standard contributions
ABLE accounts are subject to a Maximum Annual Contribution Limit. See the Program Description & Participation Agreement (www.ableunited.com/pdpa) for the current limit.
\$ _____ , _____ . _____
ABLE to Work contributions*

D Please include a statement from the original account that shows the breakdown of the contributions/principal and earnings to verify this rollover.
The entire deposit will be considered earnings until the statement is received by ABLE United.

* With ABLE to Work, if a Beneficiary is earning wages, and his/her employer does not contribute to the Beneficiary's defined contribution plan, 403(b), or 457(b) plan within the taxable year, the Beneficiary may contribute an additional amount up to the lesser of: (i) the Beneficiary's compensation for the taxable year; or (ii) an amount equal to the Federal Poverty Level for a one person household as determined for the preceding calendar year of the tax year in which contributions are made.

5 Rollover contribution information

Provide instructions to ABLE United for how to invest the rollover amount provided in either **Step 3** or **Step 4**.

Choose the portfolio(s) or fund(s) you want to contribute to. There's a \$5 minimum contribution to each investment option.

Please read the ABLE United Program Description & Participation Agreement for important information about the cash and investment options before making a decision.

How do you want to allocate?

Please fill out how you would like to allocate this rollover contribution below. You must select at least 1 portfolio/fund and make sure your total adds up to 100%.

Investment options	Percentage
Conservative Portfolio	___ ___ ___ % Percent
Moderate Portfolio	___ ___ ___ % Percent
Growth Portfolio	___ ___ ___ % Percent
U.S. Stock Fund	___ ___ ___ % Percent
International Stock Fund	___ ___ ___ % Percent
U.S. Bond Fund	___ ___ ___ % Percent
Money Market Fund	___ ___ ___ % Percent
FDIC Savings Fund	___ ___ ___ % Percent
	Total = 100%

6 Sign the form

By signing this, you're agreeing to these statements:

- I confirm that I received, understand, consent, and agree to all the terms and conditions of the ABLE United Program Description & Participation Agreement as they relate to this rollover request.
- If I am making a direct rollover, I authorize the old ABLE account Program Manager, or its designee, to roll over assets into the ABLE United account according to these instructions.
- If I'm an Authorized Legal Representative, I certify that I am authorized to act on behalf of the Beneficiary in making this request.
- I certify that the old ABLE account has been closed or that I have assurances I consider adequate from the old ABLE program that it will close the old ABLE account within 60 days of the date the rollover amount was or is withdrawn from such account. I understand that it is my responsibility to ensure that the old ABLE account is closed within such 60 day period.
- I understand that I cannot make additional contributions when the fair market value of my ABLE account exceeds \$418,000.
- I understand that if this is an indirect rollover, the Authorized Legal Representative or Beneficiary of the account from which assets are being withdrawn is responsible for providing the ABLE United Program with a statement that certifies the breakdown of the assets transferred. In addition, if no current year contribution amount is reported on this form, all principal will be treated as prior-year contributions. I further understand that until such statement is provided, the ABLE United Program will treat the entire transfer as earnings for tax purposes.
- I understand that a rollover that doesn't meet all of the above conditions may result in the earnings portion of the deposit being considered a non-qualified withdrawal subject to federal income tax and an additional 10% federal tax, and may be subject to state or local income tax.
- I understand that if my old ABLE account is not closed within 60 days of the withdrawal for this rollover my ABLE United account will not be treated as a qualified ABLE account, which may result in adverse tax consequences and/or adverse consequences under means-tested federal and/or state benefits programs.
- I certify that the above is, to the best of my knowledge, accurate data regarding the rollover of all old ABLE program assets into the new ABLE United Program referenced account. I further certify that I have signing authority over both of these ABLE program accounts.

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

Signature of Beneficiary or Authorized Legal Representative

Date (mm/dd/yyyy)

7 Notarization acknowledgement**Keep in mind that:**

- You may be required to provide proof of your authority to act on behalf of the other ABLE Program. If you're not sure if this is required, please contact your current ABLE Program.
- You're providing the following information as underwritten certification that your signature is genuine.

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 FloridaCircle one:
Personally Known OR **Produced Identification**_____
Type of Identification Produced**Print, Type, or Stamp Commissioned
Name of Notary Public**