

### Important information about this form:

- Use this form to make a direct rollover from a 529 College Savings account into an ABLE United account.
- In a direct rollover the movement of funds is coordinated by the 529 College Savings Plan Manager and ABLE Program Manager. Once this form is submitted to the ABLE United Program, they will reach out to your 529 College Savings Plan to coordinate the rollover.
- The assets will be allocated based on the investment selection for the ABLE United account.
- You must have the 529 College Savings account information and the ABLE United account information available. The 529 College Savings account might also require a notarization in **Step 7**. You should check with the 529 College Savings Program Manager before submitting this form.
- If an ABLE account has not yet been established for the Beneficiary, the Beneficiary or his/her Authorized Legal Representative should sign up online at [www.ABLEUnited.com](http://www.ABLEUnited.com) or use an **Enrollment Form** before this form is completed.
- ABLE accounts are subject to a Maximum Annual Contribution Limit. See the Program Description & Participation Agreement ([www.ableunited.com/pdpa](http://www.ableunited.com/pdpa)) for the current limit. 529 Rollover Contributions count toward the Maximum Annual Contribution Limit.
- Contributions will be rejected to the extent the amount of the contribution would cause the total contributions for a given calendar year to the Account and all prior ABLE Accounts for the Beneficiary to exceed the Maximum Annual Contribution Limit.
- The Beneficiary of the ABLE United account must be the same as the beneficiary of the 529 College Savings account or be an eligible “Member of the Family” of such beneficiary as defined by Section 529 of the Internal Revenue Code.
- The Beneficiary of the ABLE United account will also be the owner of the ABLE United account, even if such Beneficiary was not the owner of the 529 College Savings account.
- 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  
PO Box 534422  
Pittsburgh, PA 15253- 4422

### Overnight Mail:

ABLE United  
Attention: 534422  
500 Ross Street, 154-0520  
Pittsburgh, PA 15262

### Fax:

833-337-7250



**1 ABLE account information**

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

\_\_\_\_\_  
Name of the Beneficiary (First and last)

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

Is the Beneficiary the same for both the 529 College Savings account and the ABLE United account?

- Yes
- No, and I certify that the new Beneficiary listed in this step meets the permitted family member designation in Section 529 (includes biological and step parents, aunts, uncles, siblings, children, first cousins, nieces and nephews; parents, siblings, children, nieces and nephews by marriage; legally adopted children; and half-brothers or half-sisters) of the beneficiary of the 529 College Savings 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



**2 529 College Savings account information**

This is the 529 College Savings account you're rolling assets from.

\_\_\_\_\_  
College Savings Plan name

\_\_\_\_\_  
Plan State Sponsor (2-character state abbreviation)

\_\_\_\_\_  
College Savings Plan account number

\_\_\_\_\_  
Name of the Account Owner (First and last)

\_\_\_\_\_  
Account Owner's Social Security or Taxpayer Identification Number

\_\_\_\_\_  
Email address associated with the College Savings Plan account

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Name of the Beneficiary (First and last) – If they are not the Account Owner

\_\_\_\_\_  
Beneficiary's Social Security or Taxpayer Identification Number

**529 College Savings Plan Manager's address**

\_\_\_\_\_  
Street address 1

\_\_\_\_\_  
Street address 2

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code



**3 Rollover information**

There's a \$5 minimum contribution. ABLE accounts are subject to a Maximum Annual Contribution Limit. See the Program Description & Participation Agreement ([www.ableunited.com/pdpa](http://www.ableunited.com/pdpa)) for the current limit. 529 Rollover Contributions count toward the Maximum Annual Contribution Limit. Contributions will be rejected to the extent the amount of the contribution would cause the total contributions for a given calendar year to the Account and all prior ABLE Accounts for the Beneficiary to exceed the Maximum Annual Contribution Limit.

**A Source of funds:**

These instructions will be used by the 529 College Savings Plan Manager. To roll over from more investment portfolios, please include a separate page with this form.

_____	\$ ____ , ____ . ____
<b>Investment portfolio name</b>	<b>Amount</b>

_____	\$ ____ , ____ . ____
<b>Investment portfolio name</b>	<b>Amount</b>

_____	\$ ____ , ____ . ____
<b>Investment portfolio name</b>	<b>Amount</b>

**B What's the total?**

This should be the sum of the portfolios listed in **Step 3A** above.

\$ ____ , ____ . ____
<b>Full amount of rollover</b>



**4 Rollover contribution information**

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

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
	<b>Total = 100%</b>



**5 Signature of the ABLE account Beneficiary (or Authorized Legal Representative) Accepting the 529 College Rollover**

I agree that this rollover contribution should be accepted by the ABLE United Program Manager.

\_\_\_\_\_  
Signature of Beneficiary or Authorized Legal Representative of the ABLE account

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

**6 Signature of 529 College Savings Plan Account Owner**

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

- I confirm that I received, understand, consent, and agree to all the information and terms and conditions in the ABLE United Program Details and Participation Agreement as they relate to this rollover.
- I authorize the 529 College Savings Plan Manager, or its designee, to roll over assets into the ABLE United account according to these instructions.
- I certify that the beneficiary of the 529 College Savings account is the same as the Beneficiary of the ABLE United account or that the Beneficiary of the ABLE United account qualifies as a "Member of the Family" of the beneficiary of the 529 College Savings account as defined by Section 529 of the Internal Revenue Code.
- I understand that a rollover that doesn't meet all of the above conditions may result in the earnings portion of the withdrawal from the 529 College Savings account 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 certify that the above is accurate data regarding the Rollover of the 529 College Savings account assets into the referenced ABLE account. I further certify that I have signing authority over the 529 College Savings account.

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

\_\_\_\_\_  
Signature of Account Owner of the 529 College Savings account

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



**7 Notarization acknowledgement**

You may be required to provide proof of your authority to act on behalf of the 529 College Savings account. If you're not sure if this is required, please contact the 529 College Savings Plan.

**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

<p><b>Print, Type, or Stamp Commissioned Name of Notary Public</b></p>
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