

Important information about opening a new account:

- Use this form to make an indirect rollover from a 529 College Savings account into an ABLE United account. In an indirect rollover, the withdrawn 529 College funds are given to the 529 College Savings Account Owner and then deposited by such Account Owner into the ABLE United account.
- The assets will be allocated based on the investment selection for the ABLE United account.
- You must deposit the amount you want to qualify as a rollover into the ABLE United account within 60 days of withdrawal from the 529 College Savings account.
- 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 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) 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
P.O. Box 9696
Providence, RI 02940-9696

Overnight Mail:

ABLE United
4400 Computer Drive
Westborough, MA 01581

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 Rollover information

Assets from the 529 College Savings account must be deposited into the ABLE account within 60 days of withdrawing them. 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) 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 Rollover details:

\$ _____ , _____ . _____

Principal of the rollover

\$ _____ , _____ . _____

Earnings of the rollover

B Tell us what's on the check:
Make the check payable to ABLE United.

\$ _____ , _____ . _____

Full amount of the rollover
(Total of Principal and Earnings)

C 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 the ABLE United Program.

3 Rollover contribution information

Provide instructions to ABLE United for how to invest the rollover amount provided in **Step 2**.

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%

4 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)

5 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 Description & Participation Agreement** as they relate to this rollover.
- 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 as defined by Section 529 of the Internal Revenue Code.
- I understand that the Account Owner of the 529 College Savings account from which assets are being withdrawn is responsible for providing the ABLE United Program with a statement that certifies the principal and earnings breakdown of the assets transferred. I further understand that until such statement is provided, the ABLE United Program will treat the entire transfer as earnings.
- 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.

Signature of Account Owner of the 529 College Savings account

Date (mm/dd/yyyy)