

### Important information about this form:

- Use a **Rollover Form** to transfer assets from this Alabama ABL account to another eligible Beneficiary.
- An IRS Form 1099-QA is filed when a withdrawal is made from the ABL account.
- Please provide a certified copy of the Death Certificate and the original Certificate of Domicile and Letter of Testamentary for the notarization acknowledgement.
- Please send in copies of the Death Certificate, Certificate of Domicile and Letter of Testamentary 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 8am – 7pm CT at **1-833-711-2253**

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

### Mail the form to:

Alabama ABL  
P.O. Box 534419  
Pittsburgh, PA 15253- 4419

### Overnight Mail:

Alabama ABL  
Attention: 534419  
500 Ross Street, 154-0520  
Pittsburgh, PA 15262

### Fax:

833-223-5121

## 1 ABL account information

\_\_\_\_\_  
**Name of Beneficiary on the ABL Account** (First and last)

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

\_\_\_\_\_  
**Alabama ABL account number**

## 2 Executor information

\_\_\_\_\_  
**Name** (First and last)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
**Date** (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 executor'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 Executor

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
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 Testamentary for the notarization acknowledgement. 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 ALE account.

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

The undersigned has read the foregoing in its entirety before signing. IN WITNESS WHEREOF, I have hereunto

set my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
Day (#) Month Year

\_\_\_\_\_  
**Signature of Beneficiary or Authorized Legal Representative**

STATE OF ALABAMA, COUNTY OF \_\_\_\_\_  
County

This instrument was acknowledged before me

physical presence or  online notarization

on \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
Day (#) Month Year

by \_\_\_\_\_  
**Name of person** (first and last)

My term expires: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
**Date** (mm/dd/yyyy)

**Notary Public (Seal)**

\_\_\_\_\_  
**Signature of Notary Public**