

Important information about this form:

- Use this form to make a direct or indirect rollover from an existing ABLE account into a new Alabama ABLE account.
- For direct rollovers, you must have the existing ABLE account information available. The funds must be sent directly by the existing ABLE Program Manager within 60 days of opening your new Alabama ABLE account. The existing ABLE Program Manager might also require a notarization acknowledgement in **Step 7**.
- For indirect rollovers, you must close the existing ABLE account and deposit the full amount you want to rollover into a new Alabama ABLE account within 60 days of the withdrawal from the existing 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 AlabamaABLE.gov 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 existing ABLE account, they must be the same on the new account. If you would like to change the ALR, please do so on the existing ABLE account before completing this form.
- The Beneficiary of the new Alabama ABLE account must remain the same as the beneficiary of the existing 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 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 ABLE
P.O. Box 534419
Pittsburgh, PA 15253- 4419

Overnight Mail:

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

Fax:

833-223-5121

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 existing ABLE program into an Alabama ABLE account. (Complete **Steps 1 – 3, 5, 6**, and possibly **7** if a Signature Medallion Guarantee is required by the old ABLE Program Manager.)

Indirect Rollover — Deposit assets that have been withdrawn from the existing ABLE account into the new Alabama ABLE account. (Complete **Steps 1, 2, 4, 5** and **6**.)

2 ABLE account information

This is the Alabama ABLE 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 Alabama ABLE 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.

ABLE account number (if available)

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 Rollover information

There's a \$10 minimum contribution for an ABLE account. Contributions over the allowed amount will be rejected in their entirety. See the Plan Disclosure Booklet for the current 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.

	\$ _____ , _____ . _____
Investment portfolio name	Amount

	\$ _____ , _____ . _____
Investment portfolio name	Amount

	\$ _____ , _____ . _____
Investment portfolio name	Amount

B What's the total?

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

\$ _____ , _____ . _____
Full amount of rollover

4 Rollover contribution information

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

For a full list of all the portfolio options, please go online to AlabamaABLE.gov or see the **Plan Disclosure Booklet** for important information about the investment options before making a decision. There is a \$5 minimum contribution to each portfolio you select.

Conservative Portfolio \$ _____ , _____ . _____
Amount

Moderate Portfolio \$ _____ , _____ . _____
Amount

Aggressive Portfolio \$ _____ , _____ . _____
Amount

FDIC Savings Fund \$ _____ , _____ . _____
Amount

\$ _____ , _____ . _____
Total contribution amount

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 Alabama ABLE Program Manager.

Signature of Beneficiary or Authorized Legal Representative

___ / ___ / _____
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 Alabama ABLE **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 Alabama ABLE account or that the Beneficiary of the Alabama ABLE 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 Alabama ABLE 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 Alabama ABLE 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)

7 Notarization acknowledgement for 529 College Savings Plan (if applicable)

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.

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 Account Owner of the 529 College Savings account

State of Alabama, County of _____

This instrument was acknowledged before me

physical presence or online notarization

on ____ / ____ / ____
Date (mm/dd/yyyy)

by _____

My term expires: ____ / ____ / ____
Date (mm/dd/yyyy)

Signature of Notary Public

Notary Public (Seal)