

Complete this form to:

- Roll over funds from another Qualified ABLE Plan (QAP account) to an ABLE United Account
- Roll over funds from a 529 College Savings Account (529 CSA) to an ABLE United Account

Please read the Program Disclosure Statement and Participation Agreement carefully before completing this form. This document can be found at www.ableunited.com/pdpa. Terms and Conditions described in Section 1 of this document apply.

You must have an established ABLE United Account before completing this form.

Return completed form and applicable documents to ABLE United, PO Box 44034, Jacksonville, FL 32231

Questions? Email us at customerservice@ableunited.com or call us at 1-888-524-ABLE (2253).

ABLE UNITED ACCOUNT INFORMATION

ABLE United Account Number: _____

Beneficiary Full Name (Required): _____

Beneficiary Social Security Number (Required): _____

If the Beneficiary is not the Account Administrator, please also complete the following information for the Account Administrator:

Full Name: _____

Telephone Number: _____

WHAT WOULD YOU LIKE TO DO?

- Initiate a Direct Rollover of funds from another QAP account to an ABLE United Account – **Complete Section A.**
- Report an Indirect Rollover of funds from a QAP account that have been withdrawn from that plan – **Complete Section B.**
- Report an Indirect Rollover of funds from a 529 CSA to an ABLE United Account – **Complete Section C.**

A. Initiate a Direct Rollover of funds from another QAP to an ABLE United Account

ABLE United will contact the QAP from which rollover funds are being withdrawn in order to complete a direct rollover. That QAP may also require paperwork to process your rollover to ABLE United.

Please provide the following information about your rollover from another QAP:

Name of Other QAP: _____

Mailing Address: _____

City, State, Zip: _____

Contact Person: _____ Telephone Number: _____

Other QAP Account Number: _____

Beneficiary Name of Other QAP (must be the same beneficiary as the ABLE United Beneficiary)

Full Name: _____

Date of Birth: _____ SSN: _____

B. Report an Indirect Rollover of funds from another QAP to an ABLE United Account

You may transfer funds from your QAP Account to your ABLE United Account or a "Member of the Family" ABLE United Account.

Except during the rollover process, no Beneficiary may have more than one ABLE account in existence at the same time. The old QAP account must be closed within 60 days after the rollover amount is withdrawn in order for the receiving account to be treated as an ABLE account.

What you will need:

- A check made payable to ABLE United
- Documentation showing the basis and earnings of the contribution
- Documentation showing the year-to-date contributions to the other QAP

Tell us about your rollover:

Is the Beneficiary the same for both the Old QAP account and the ABLE United Account?

- Yes
- No, and I certify that the beneficiary of the Old QAP account is qualified as a "Member of the Family" of the ABLE United Account Beneficiary as defined by section 529A of the Internal Revenue Code. A Member of the Family means the same as defined in Section 529A of the Code, which includes: a brother, sister, stepbrother, stepsister, half-brother, and half-sister.

Dollar amount of rollover (this amount should be equal to the amount of the check enclosed with this form) _____

Earnings portion of rollover (amount earned on the other QAP Account) \$ _____

Year-to-date contributions to the other QAP \$ _____

Date of establishment (date the other QAP was originally established) _____ (MM/DD/YYYY)

Please note: Unless you provide all of the above information or documentation detailing a breakdown of contributions and earnings, the entire rollover amount will be treated and reported as earnings for tax purposes, which may compromise the designated beneficiary's eligibility for certain government benefits under various means-tested programs.

C. Report an Indirect Rollover contribution from a 529 CSA to an ABLE United Account

You may transfer funds from your 529 CSA to your ABLE United Account or a family member's ABLE United Account.

In order to be qualified as a rollover, funds withdrawn from the 529 CSA must be deposited into the ABLE United Account within 60 days of distribution from the 529 CSA.

The Beneficiary of the ABLE United Account will become the owner of the rollover funds even if that beneficiary was not the owner of the 529 CSA.

529 CSA rollover funds count toward the \$15,000 maximum annual contribution limit. If you have a remaining balance in your 529 CSA after completing this rollover, we encourage you to take advantage of initiating indirect rollovers on an annual basis.

The Beneficiary of the ABLE United Account must be the same as the Beneficiary of the 529 CSA or must be qualified as a member of the family of the ABLE Program Account Beneficiary as defined by section 529 of the Internal Revenue Code.

What you will need:

- A check made payable to ABLE United
- Documentation showing the basis and earnings of the contribution
- Signature of the ABLE United Account Beneficiary (or Account Administrator)
- Signature of 529 College Savings Account Owner

Tell us about your rollover:

Is the Beneficiary the same for both the 529 CSA and the ABLE United Account?

Yes

No, and I certify that the beneficiary of the 529 CSA is qualified as a "Member of the Family" of the ABLE United Account Beneficiary as defined by section 529 of the Internal Revenue Code. A Member of the Family means the same as defined in Section 529 of the Code, which includes: (1) a son or daughter, or a descendant of either; (2) a stepson or stepdaughter; (3) a brother, sister, stepbrother, or stepsister; (4) the father or mother, or an ancestor of either; (5) a stepfather or stepmother; (6) a son or daughter of a brother or sister; (7) a brother or sister of the father or mother; (8) a son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, or sister-in-law; or (9) the spouse of the Beneficiary or the spouse of any individual described in (1) through (8) above.

Dollar amount of rollover (this amount should be equal to the amount of the check enclosed with this form) _____

Earnings portion of rollover (amount earned on the 529 CSA) \$ _____

Signature of 529 College Savings Account Owner (Section C only)

By signing below, I am certifying that I am the Account Owner of the 529 College Savings Account named above, or I have the authority to act as the Account Owner, and that it is my intent to transfer the above-referenced amount from my 529 College Savings Account to the ABLE United Account named above.

All of the information provided by me on this form is true, complete and correct.

Signature of 529 College Savings Account Owner

Date

SIGNATURE & AUTHORIZATION

This section must be signed by the **Current ABLE United Account Administrator.**

▶ I certify under the penalties of perjury that all of the information provided by me on this form is true, complete and correct.

▶ I am certifying that it is my intent to accept a complete or partial rollover to my ABLE United Account. I understand that tax-free rollovers must meet certain requirements that are summarized in the Program Description and Participation Agreement.

▶ I understand for the ABLE United account to be treated as an ABLE account, the ABLE account from which amounts were rolled must be closed by the 60th day from when funds were distributed.

Signature of ABLE United Account Administrator

Date

**Please return completed form and applicable documents to:
ABLE United, PO Box 44034, Jacksonville, FL 32231**