529 Account to ABLE Account Rollover Form

Important information about this form:

- Use this form to make a direct or indirect rollover from a 529 account into your PA ABLE account.
- Your PA ABLE account must be opened before the rollover can be completed. Visit paable.gov to open a new account.
- In a **direct rollover**, we will contact your 529 Plan after you submit this form to PA ABLE, and the 529 Plan will send your funds directly to PA ABLE. The 529 Plan might also require a notarized signature in Step 7 -- please check with them before submitting this form.
- In an **indirect rollover**, you withdraw the funds from the 529 account first, and then deposit the funds into your PA ABLE account. **You must deposit the funds into your PA ABLE account within 60 days of the withdrawal from the 529 account.**
- PA ABLE accounts are subject to a standard annual contribution limit. See the **PA ABLE Program Disclosure Statement and Participation Agreement** for the current annual limit. All rollover assets will be counted towards the standard ABLE annual contribution limit. You will not be able to complete a rollover that would cause you to exceed the ABLE annual contribution limit.
- The Beneficiary of the PA ABLE account must be the same person as the Beneficiary of the 529 account, or be a "Member of the Family" (as defined by 26 USC 529) of the 529 account Beneficiary.
- Before completing this form, carefully read the **PA ABLE Program Disclosure Statement and Participation Agreement**.
- Please type or print clearly in black ink, and do not staple the pages.

Need help?

Give us a call Monday – Friday from 9am – 8pm ET at **1-855-529-ABLE (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:
PA ABLE Savings Program
P.O. Box 534004
Pittsburgh, PA 15253-4004

Overnight Mail:
PA ABLE Savings Program
Attention: 534004
1350 Penn Avenue Suite 102
Pittsburgh, PA 15222

Fax:
855-851-7352

PA ABLE

529 Account to ABLE Account Rollover Form

1 Rollover type

Select the type of rollover you want to make and follow the assigned Steps.

◯ Direct Rollover — We will contact the 529 Plan to transfer your assets directly to PA ABLE.
*(Complete **Steps 1, 2, 3, 5, 6,** and possibly **7** if notarization is required by the 529 Plan.)*

◯ Indirect Rollover — You will withdraw assets from the 529 account within 60 days and deposit them into the PA ABLE account yourself.
*(Complete **Steps 1, 2, 4, 5,** and **6**.)*

2 PA ABLE account information

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

_____
Name of Beneficiary on the PA ABLE account (First and last)

___ ___ ___ - ___ ___ - ___ ___ ___ ___
Beneficiary's Social Security or **Taxpayer Identification Number**

Is the Beneficiary the same for both the 529 account and the PA ABLE account?

◯ Yes

◯ No, and I certify that the PA ABLE Beneficiary is a "Member of the Family" of the 529 Beneficiary (as defined in 26 USC 529).

__ __ __ __ __ __ __ __ __ __ __
PA ABLE account number

Who should we contact?

We need the following information for either the Beneficiary or Authorized Individual in case we need to contact you about this rollover:

_____
Contact name (First and last)

___ ___ ___ - ___ ___ ___ - ___ ___ ___ ___
Telephone number

3 529 account information

Only complete this step if you're making a direct rollover.

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

_____

529 Plan name

__ __

Plan State Sponsor (2-character state abbreviation)

529 Plan's address

_____ _____

Street address 1 **Street address 2**

_____ _____ __ __ __ __ __ - __ __ __ __

City **State** **Zip Code**

_____

529 Plan account number

_____

Name of the 529 account owner (First and last)

___ ___ ___ - ___ ___ - ___ ___ ___ ___

529 Account Owner's Social Security or **Taxpayer Identification Number**

_____

Name of the 529 Beneficiary (First and last) – **If they are not the account owner**

___ ___ ___ - ___ ___ - ___ ___ ___ ___

529 Beneficiary's Social Security or **Taxpayer Identification Number**

PA ABLE

529 Account to ABLE Account Rollover Form

Continued from page 3

Which 529 portfolios do you want to rollover from?

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

Assets from the 529 account must be deposited into the PA ABLE account within 60 days of withdrawing them. There's a $1 minimum deposit and an annual contribution limit for PA ABLE. Rollover amounts from a 529 account count toward the standard ABLE annual contribution limit, as do any other amounts separately contributed to the PA ABLE account during the current calendar year. Contributions over the annual limit will be rejected in their entirety. See the PA ABLE Program Statement and Participation Agreement for the current standard annual contribution limit.

_____ **Investment portfolio name**

$ __ __ __ , __ __ __ . __ __ **Rollover amount**

_____ **Investment portfolio name**

$ __ __ __ , __ __ __ . __ __ **Rollover Amount**

_____ **Investment portfolio name**

$ __ __ __ , __ __ __ . __ __ **Rollover Amount**

$ __ __ __ , __ __ __ . __ __ **Full amount of rollover**

This should be the sum of the portfolios listed above.

4 Rollover information

Only complete this step if you're making an indirect rollover.

Assets from the 529 account must be deposited into the PA ABLE account within 60 days of withdrawing them. There's a $1 minimum deposit and an annual contribution limit for PA ABLE. Rollover amounts from a 529 account count toward the standard ABLE annual contribution limit, as do any other amounts separately contributed to the PA ABLE account during the current calendar year. Contributions over the annual limit will be rejected in their entirety. See the PA ABLE Program Disclosure Statement and Participation Agreement for the current standard annual contribution limit.

A **Total, Principal & Earnings:**

We need to know what portion of your rollover amount represents the account principal and what portion represents account earnings. Please contact the 529 Plan if you need help locating this information.

$ __ __ __ , __ __ __ . __ __
Principal of the rollover

$ __ __ __ , __ __ __ . __ __
Earnings of the rollover

$ __ __ __ , __ __ __ . __ __
Full amount of rollover
(Total of Principal and Earnings)

B **Please include a statement from the 529 account that shows the principal and earnings components of the rollover amount.**

The entire rollover deposit will be considered earnings until this statement is received.

5 Investment information

Provide instructions for how to invest the rollover assets in your ABLE account.

Please review the **PA ABLE Program Disclosure Statement and Participation Agreement** for important information about the investment options before making a decision. There is a $1 minimum contribution to each portfolio you select.

Risk-Based Portfolios

☐ Capital Preservation Portfolio	$ ____ ____ , ____ ___ ___ . ___ ___ **Amount**
☐ Conservative Portfolio	$ ____ ____ , ____ ___ ___ . ___ ___ **Amount**
☐ Moderately Conservative Portfolio	$ ____ ____ , ____ ___ ___ . ___ ___ **Amount**
☐ Moderate Portfolio	$ ____ ____ , ____ ___ ___ . ___ ___ **Amount**
☐ Growth Portfolio	$ ____ ____ , ____ ___ ___ . ___ ___ **Amount**
☐ Moderately Aggressive Portfolio	$ ____ ____ , ____ ___ ___ . ___ ___ **Amount**
☐ Aggressive Portfolio	$ ____ ____ , ____ ___ ___ . ___ ___ **Amount**

Target Year Portfolios

◯ Target year 2030 $ ___ ___ , ___ ___ ___ . ___ ___ **Amount**	◯ Target year 2055 $ ___ ___ , ___ ___ ___ . ___ ___ **Amount**
◯ Target year 2035 $ ___ ___ , ___ ___ ___ . ___ ___ **Amount**	◯ Target year 2060 $ ___ ___ , ___ ___ ___ . ___ ___ **Amount**
◯ Target year 2040 $ ___ ___ , ___ ___ ___ . ___ ___ **Amount**	◯ Target year 2065 $ ___ ___ , ___ ___ ___ . ___ ___ **Amount**
◯ Target year 2045 $ ___ ___ , ___ ___ ___ . ___ ___ **Amount**	◯ Target year 2070 $ ___ ___ , ___ ___ ___ . ___ ___ **Amount**
◯ Target year 2050 $ ___ ___ , ___ ___ ___ . ___ ___ **Amount**	

$ ___ ___ , ___ ___ ___ . ___ ___
Total amount

6 Sign the form

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

- [For the ABLE account Beneficiary or Authorized Individual] I confirm that I received, understand, consent, and agree to all the information and terms and conditions in the **PA ABLE Program Disclosure Statement & Participation Agreement**. I understand and agree that those documents govern all aspects of the ABLE account and are incorporated herein by reference. I will retain a copy of the PA ABLE Program Disclosure Statement & Participation Agreement for my records. I understand that the program may, from time to time, amend the PA ABLE Program Disclosure Statement & Participation Agreement, and I understand and agree that I will be subject to the terms of those amendments.
- I certify that I am authorized to make this rollover.
- I certify that the beneficiary of the 529 account is the same person as the Beneficiary of the PA ABLE account, or that the Beneficiary of the PA ABLE account qualifies as a "Member of the Family" (as defined by 26 USC 529) of the 529 Beneficiary.
- I understand that the Account Owner of the 529 account from which assets are being withdrawn is responsible for providing the 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 ABLE Program will treat the entire transfer as earnings.
- I understand that a rollover that doesn't meet all of the required conditions, as stated on this form and in the PA ABLE Program Disclosure Statement, may result in negative tax and other consequences.
- I certify that all of the information provided on this form is, and all information provided by me in the future will be, true, complete and correct and I authorize this rollover based upon this information.

_____ __ __ / __ __ / __ __ __ __

Signature of 529 Account Owner **Date** (mm/dd/yyyy)

_____ __ __ / __ __ / __ __ __ __

Signature of PA ABLE Beneficiary or Authorized Individual **Date** (mm/dd/yyyy)

PAABLE

529 Account to ABLE Account Rollover Form

7 Notarization for 529 Plan (if applicable)

If your 529 Plan requires a notarized signature from the Account Owner of the 529 account, you must complete this Step 7.

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 529 Account Owner **Printed name of 529 Account Owner**

State of _____, County of _____

This instrument was acknowledged before me

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

by _____

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

Notary Public (Seal)

_____
Signature of Notary Public