Incoming ABLE to ABLE Rollover Form

Important information about this form:

- Use this form to make a direct or indirect rollover from an existing ABLE account into a new PA ABLE account.
- Your new PA ABLE account must be opened before the rollover can be completed. Visit paable.gov to open a new account.
- You can rollover an ABLE account either (1) from/to the same Beneficiary, or (2) from one sibling to another.
- In a **direct rollover**, we will contact your original ABLE program and they will send your account funds directly to PA ABLE. Check with the original ABLE program to see if they require a notarized signature (Step 7) to complete this rollover. In a direct rollover, you must also close the original ABLE account as soon as the funds transfer is complete.
- In an **indirect rollover**, you withdraw the funds from your original ABLE account first, and then deposit the funds into your new PA ABLE account. **You must deposit the funds in your new PA ABLE account and close the original ABLE account within 60 days of the withdrawal from the original ABLE account.** Indirect rollovers from/to the same account beneficiary can only take place once every 12 months.
- If there is an Authorized Individual managing the original ABLE account, they must also serve as the Authorized Individual on the new PA ABLE account. If you would like to change the Authorized Individual, please do so on the original ABLE account before completing this form.
- 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

1 Rollover type

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

◯ Direct Rollover — We will contact your original ABLE program to transfer your assets directly to PA ABLE.

*(Complete **Steps 1, 2, 3, 5, 6**, and possibly **7** if a notarization acknowledgment is required by the original ABLE program.)*

◯ Indirect Rollover — You will withdraw assets from the original ABLE account within 60 days and deposit them into the new 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 new PA ABLE account (First and last)

__ __ __ – __ __ – __ __ __ __

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

Is the Beneficiary the same for both the original ABLE account and the new PA ABLE account?

◯ Yes, and if this is an indirect rollover, I certify that there has been no other indirect ABLE-to-ABLE rollover for the Beneficiary within the last 12 months.

◯ No, and I certify that the new PA ABLE account Beneficiary is a sibling of the Beneficiary of the original ABLE account.

__ __ __ __ __ __ __ __ __ __ __

PA ABLE account number (if available)

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 Original ABLE account information

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

This is the original ABLE account you're rolling assets from.

__ __
ABLE program State Sponsor
(2-character state abbreviation)

_____
Existing ABLE account number

$ __ __ __ , __ __ __ . __ __
Approximate value

_____
Name of Beneficiary (First and last)

__ __ __ – __ __ – __ __ __ __
Beneficiary's Social Security or **Taxpayer Identification Number**

_____
Name of Authorized Individual / Authorized Legal Representative — If applicable
If you need to change the Authorized Individual, please make the change with the original ABLE program before completing this form.

__ __ __ – __ __ – __ __ __ __
Authorized Individual's Social Security or Taxpayer Identification Number — If applicable

__ __ / __ __ / __ __ __ __
Date the original ABLE account was opened (mm/dd/yyyy)

Residential address associated with original ABLE account:

_____
Street address 1

_____
Street address 2

_____
City

_____ __ __ __ __ __ – __ __ __ __
State **Zip Code**

_____
Email address associated with original ABLE account

__ __ __ – __ __ __ – __ __ __ __
Telephone number

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Indicate the total dollar amount of contributions that were made during the current calendar year to the original ABLE account, before this rollover.

You do not need to provide this information if you are rolling funds over to a sibling.

*ABLE to Work Contributions are contributions made by the Beneficiary that represent the Beneficiary's earned income for the current calendar year.

$ __ __ __ , __ __ __ . __ __
Standard Contributions

$ __ __ __ , __ __ __ . __ __
ABLE to Work Contributions*

$ __ __ __ , __ __ __ . __ __
Total current-year contributions

4 Rollover information

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

You must include a check made payable to PA ABLE with this form. The assets you are rolling over must be deposited to your new PA ABLE account within 60 days of withdrawal from the original ABLE account.

A **Total, Principal & Earnings:**

Enter the total amount of the rollover. Then tell us how much of that is principal and how much is earnings. Please contact the ABLE program if you need help finding this information.

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

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

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

B **Please include a statement from the original ABLE account that shows the principal and earnings components of the rollover amount. If you are completing a rollover from/to the same Beneficiary, you must also include a statement showing the total dollar amount of contributions made during the current calendar year.**

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

5 Investment information

A **Provide instructions for how to invest the rollover amount.**

Before making an investment decision, please carefully review the **PA ABLE Program Disclosure Statement and Participation Agreement** for important information about the investment options. 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**

B **Indicate how many investment exchanges occurred in the original ABLE account during the current calendar year.** *(You do not need to complete this information if you are rolling over to a sibling.)*

Please contact the original ABLE program if you need help locating this information. By law, investment exchanges (a movement of invested ABLE funds from one portfolio to another) are limited to two per calendar year. Unless this is a rollover to a sibling, the number of investment exchanges you have already made this year will be carried over to your new ABLE account.

◯ 0 ◯ 1 ◯ 2

6 Sign the form

By signing this form, I agree to all of the following:

- 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 new 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.
- If I am making a direct rollover, I authorize the original ABLE account Program Manager, or its designee, to roll over assets into the new PA ABLE account according to these instructions. I certify that I will close the original ABLE account immediately upon completion of the transfer to PA ABLE.
- If I am making an indirect rollover, I certify that the original ABLE account has been closed or will be closed within 60 days of the date I withdrew the rollover assets from the original ABLE account. I understand that it is my responsibility to ensure that the original ABLE account is closed within such 60-day period, and that there may be tax or public benefits consequences for failing to do so.
- If I am an Authorized Individual, I certify that I am authorized to act on behalf of the Beneficiary in making this request.
- I understand that I must ensure that PA ABLE receives a statement that certifies the breakdown of the assets transferred. The breakdown must specify current-year contributions (if this rollover is from/to the same Beneficiary), as well as the principal and earnings components of the rollover amount. I understand that if no current-year contribution amount is reported on this form, all principal will be treated as prior-year contributions. I further understand that until such statement is provided, PA ABLE will treat the entire transfer as earnings for tax purposes.
- 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 public benefits consequences.
- I certify that all of the information provided by me on this form is, and all information provided by me in the future will be, true, complete and correct and I authorize the Program to process this rollover based upon this information.

_____ __ __ / __ __ / __ __ __ __

Signature of PA ABLE account Beneficiary or Authorized Individual

Date (mm/dd/yyyy)

If there is no Authorized Individual, and this rollover is from a sibling's account, the sibling Beneficiary on the original ABLE account must also sign below.

_____ __ __ / __ __ / __ __ __ __

Signature of sibling Beneficiary on original ABLE account *(if applicable)*

Date (mm/dd/yyyy)

7 Notarization acknowledgement - If applicable

If your original ABLE program requires a notarized signature from the Beneficiary or Authorized Individual of the original ABLE 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 Beneficiary or Authorized Individual

State of _____, **County of** _____

This instrument was acknowledged before me

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

Notary Public (Seal)

by _____

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

_____
Signature of Notary Public