

**Important information when a Beneficiary is deceased:**

- Use a Rollover Form to transfer assets from this ABLE account to another eligible Beneficiary.
- An IRS Form 1099-QA is filed when a withdrawal is made from the ABLE account.
- Please provide a certified copy of the Death Certificate and the original Certificate of Domicile and Letter of Testamentary for the Medallion Signature Guarantee.
- 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 9am – 5pm PT  
at **1-844-999-ABLE** or  
from 6am – 5pm PT at  
**1-844-888-ABLE (TTY)**

**Mail the form to:**

Oregon ABLE Savings Plan  
P.O. Box 9891  
Providence, RI 02940-8091

**1 Fill out the account information**

\_\_\_\_\_  
**Name of the Beneficiary on the ABLE account** (First and last)

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

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
**Oregon ABLE Savings Plan number**

**2 Information about the executor**

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

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
**Birthday** (mm/dd/yyyy)

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
**Social Security or Taxpayer Identification Number**

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\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Street Address 1

\_\_\_\_\_  
Street Address 2

\_\_\_\_\_  
City

\_\_\_\_\_  
County

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

### **3 Choose the type of withdrawal you want to make**

- 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)

\* The \$2.50 fee for a check withdrawal will be waived.

**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 Plan to close this account based upon this information.

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**Signature of Executor**

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**Date** (mm/dd/yyyy)

## 5 A Medallion Signature Guarantee 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 Medallion Signature Guarantee. 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 can get a Medallion Signature Guarantee from an authorized officer of a bank, broker, or other qualified financial institution. A notary public doesn't qualify, and 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 an authorized officer providing the Medallion Signature Guarantee.**

I certify that the information provided herein is true and complete in all respects, and that I have read and understand, consent, and agree to all the terms and conditions of the Plan Disclosure Booklet.

\_\_\_\_\_  
Signature of Executor

\_\_\_\_\_  
Signature Guarantor

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name of Institution

\_\_\_\_\_  
Date (mm/dd/yyyy)

**Have the Authorized Officer stamp here**