

Important information about this form:

- 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
1-844-999-2253 or
from 6am – 5pm PT at
1-844-888-2253 (TTY)

Mail the form to:

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

Overnight Mail:

Oregon ABLE Savings Plan
4400 Computer Drive
Westborough, MA 01581

1 ABLE 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 account number

2 Executor information

Name (First and last)

____ / ____ / ____ - ____ - ____
Date of birth (mm/dd/yyyy)

____ - ____ - ____ - ____ - ____ - ____
Social Security or Taxpayer Identification Number

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