

Important information about this form:

- Use this form to make a direct or indirect rollover from an old ABLE account into a new Oregon ABLE account. The assets will be allocated based on your investment selection for the Oregon ABLE account.
- For direct rollovers, you must have the old ABLE account information available. The funds must be sent directly by the old ABLE Plan Manager within 60 days of opening your new Oregon ABLE account. The old ABLE Plan Manager might also require a Medallion Signature Guarantee in **Step 6**.
- For indirect rollovers, you must close the old ABLE account and deposit the full amount you want to rollover into the new Oregon ABLE account within 60 days of the withdrawal from the old account.
- For all rollovers, unless the old ABLE account is closed within 60 days of the rollover withdrawal from such account, the new ABLE account will not be considered a qualified ABLE account for tax purposes and the assets in such account will not be disregarded for purposes of eligibility for federal and/or state means-tested benefits programs.
- If you need to open an account, sign up online at www.OregonABLESavings.com or use an **Enrollment Form** before completing this form.
- An eligible Beneficiary can only have one ABLE account open at any time, except for the 60-day grace period for closing an ABLE account following a rollover to a new ABLE account.
- If there is an Authorized Legal Representative (ALR) on the old ABLE account, they must be the same on the new account. If you would like to change the ALR, please do so on the old ABLE account before completing this form.
- The Beneficiary of the new Oregon ABLE account must remain the same as the beneficiary of the old ABLE account or be an eligible "Member of the Family" (brother, sister, stepbrother, stepsister) of the beneficiary of the old ABLE account.
- A rollover from one ABLE account to another qualified ABLE account for the same beneficiary can only occur once every 12 months.
- Make sure you use black ink to type or print clearly in capital letters and do not staple the pages together.

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

3 Old ABLE account information

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

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

____ _
ABLE Plan State Sponsor (2-character state abbreviation)

Old ABLE account number

Name of Beneficiary (First and last)

____ _ - ____ _ - ____ _
Beneficiary's Social Security Number or Taxpayer Identification Number

Name of the Authorized Legal Representative on the ABLE account — If applicable
If you need to change the Authorized Legal Representative, please make the change on the previous ABLE plan before completing this form.

____ _ - ____ _ - ____ _
Authorized Legal Representative's Social Security or Taxpayer Identification Number — If applicable

____ / ____ / ____ _
Date the old ABLE account was originally opened (mm/dd/yyyy)

Email address associated with old ABLE account — If applicable

____ _ - ____ _ - ____ _
Telephone number

4 Rollover assets

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

The assets from the old ABLE account that you are rolling over must be deposited within 60 days of withdrawal from the old ABLE account. Your rollover assets will be allocated based on your investment selections for the Oregon ABLE account.

A Tell us what's on the check: \$ _____ , _____ . _____
 Make the check payable to the Oregon ABLE Savings Plan. **Full amount of the rollover**

B Additional information: \$ _____ , _____ . _____
 This info is for our records and doesn't need to be included on the check. You can find it on your account statements. **Principal of the rollover**

\$ _____ , _____ . _____
Earnings of the rollover

C Current tax-year contributions made to the old ABLE account before rollover: \$ _____ , _____ . _____
Standard contributions (\$15,000 limit)

\$ _____ , _____ . _____
ABLE to Work contributions* (\$12,060 limit)

D Please include a statement from the original account that shows the breakdown of the contributions/principal and earnings to verify this rollover.

The entire deposit will be considered earnings until the statement is received by the Oregon ABLE Savings Plan.

* With ABLE to Work, if a Beneficiary is earning wages, they may contribute an amount equal to their current year gross income up to \$12,060 in addition to the Annual Contribution limit. The additional ABLE to Work contribution would not be allowed if the Beneficiary or their employer is contributing to a defined contribution plan (401K), annuity plan (403(b)), or deferred compensation plan (457(b)) this calendar year.

5 Sign this form

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

- I confirm that I received, understand, consent, and agree to all the information and terms and conditions in the Oregon ABLE Savings Plan Disclosure Booklet as they relate to this rollover.
- If I am making a direct rollover, I authorize the old ABLE account Plan Manager, or its designee, to roll over assets into the Oregon ABLE account according to these instructions.
- If I'm an Authorized Legal Representative, I certify that I am authorized to act on behalf of the Beneficiary in making this request.
- I certify that the old ABLE account has been closed or that I have assurances I consider adequate from the old ABLE plan that it will close the old ABLE account within 60 days of the date the rollover amount was or is withdrawn from such account. I understand that it is my responsibility to ensure that the old ABLE account is closed within such 60 day period.
- I understand that I cannot make additional contributions when the fair market value of my ABLE account exceeds \$310,000.
- I understand that if this is an indirect rollover, the Authorized Legal Representative or Beneficiary of the account from which assets are being withdrawn is responsible for providing the Oregon ABLE Savings Plan with a statement that certifies the breakdown of the assets transferred. In addition, 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, the Oregon ABLE Savings Plan will treat the entire transfer as earnings for tax purposes.
- I understand that a rollover that doesn't meet all of the above conditions may result in the earnings portion of the deposit being considered a non-qualified withdrawal subject to federal income tax and an additional 10% federal tax, and may be subject to state or local income tax.
- I understand that if my old ABLE account is not closed within 60 days of the withdrawal for this rollover my Oregon ABLE account will not be treated as a qualified ABLE account, which may result in adverse tax consequences and/or adverse consequences under means-tested federal and/or state benefits programs.
- I certify that the above is, to the best of my knowledge, accurate data regarding the rollover of all old ABLE plan assets into the new Oregon ABLE Savings Plan referenced account. I further certify that I have signing authority over both of these ABLE plan accounts.

Signature of Beneficiary or Authorized Legal Representative

Date (mm/dd/yyyy)

6 Medallion Signature Guarantee**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 Account Owner

Signature Guarantor

Title

Name of Institution

Date (mm/dd/yyyy)

Have the Authorized Officer stamp here