



Incoming Rollover Form – Same Beneficiary

Important information about this form:

- An eligible person can only have one ABLE account open at any time.
- Close your prior ABLE account before you start this rollover process.
- If you don't already have an Oregon ABLE Savings Plan, fill out an **Enrollment Form** or sign up online at www.OregonAbleSavings.com.
- The rollover assets must be deposited within 60 days of withdrawal from the original ABLE account.
- You can roll over assets from one ABLE account to another ABLE account 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.
- Your rollover assets will be allocated based on the Oregon ABLE Savings Plan account asset allocations you selected.
- Include a check from a bank account associated with the Beneficiary or Authorized Legal Representative on the ABLE account.

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

Overnight Mail:

Oregon ABLE Savings Plan
4400 Computer Drive
Westborough, MA 01581

If you already have an Oregon ABLE Savings Plan, fill out **Step 1**. If you don't have an account fill out the **Enrollment Form** (or sign up online) and jump to **Step 2**.

1 Account information

This is the account you're rolling assets into.

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

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

____ _ - ____ _ - ____ _
Oregon ABLE Savings Plan number

Who should we contact?

We need the following information for either the Beneficiary or Authorized Legal Representative in case we need to chat about the account:

Contact name (First and last)

____ _ - ____ _ - ____ _
Telephone number

2 Rollover assets

To roll over assets from another ABLE account, you have to deposit assets within 60 days of the withdrawal. Include a statement from the prior account that shows the breakdown of the contributions and earnings to verify that it is a rollover. Until you send the statement, the entire deposit in your Oregon ABLE Savings Plan account will be considered earnings.

Tell us what's on the check:

Make the check payable to the Oregon ABLE Savings Plan for the amount of:

\$ _____ , _____ . _____
The full amount of the Rollover

We also need to know:

This doesn't need to be included on the check, but we need this information for our records.

\$ _____ , _____ . _____
The principal of the Rollover

\$ _____ , _____ . _____
The earnings of the Rollover

3 Sign this form

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

- I confirm that I received, understand, consent, and agree to all the terms and conditions of the Oregon ABLE Savings Plan Disclosure Booklet as they relate to this incoming rollover request.
- I authorize the Plan Manager, or its designee, to roll over assets into the Oregon ABLE Savings Plan 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 and that this request is in the best interest of the Beneficiary.
- I certify that this is the only rollover for this Beneficiary's ABLE account in the last 12 months.
- This request was made within 60 days of the withdrawal and the other ABLE account has been closed (since I can only have one account nationwide).
- I understand that I cannot make additional contributions when the fair market value of my ABLE account exceeds \$310,000.
- I understand that 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

continued from page 2

the breakdown of the assets transferred. I further understand that until such statement is provided, the Oregon ABLE Savings Plan will treat the entire transfer as earnings.

- I understand that a rollover that doesn't meet these conditions may result in the earning 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.

Signature of Beneficiary or Authorized Legal Representative

Date (mm/dd/yyyy)