



Incoming Rollover Form – “Member of Family”

Important information about this form:

- An eligible person can only have one ABLÉ account open at any time.
- You can either close or take a distribution from the original ABLÉ account.
- The original ABLÉ account must belong to an eligible “Member of Family.”
- If you don't already have an Oregon ABLÉ 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 ABLÉ account.
- You can roll over assets from one ABLÉ account to another ABLÉ 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 ABLÉ Savings Plan account asset allocations you selected.
- Include a check from a bank account associated with the Beneficiary or Authorized Legal Representative on the ABLÉ 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 ABLÉ Savings Plan
P.O. Box 9891
Providence, RI 02940-8091

Overnight Mail:

Oregon ABLÉ Savings Plan
4400 Computer Drive
Westborough, MA 01581

If you already have an Oregon ABLÉ 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 ABLÉ account (First and last)

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

____ _ - ____ _ - ____ _
Oregon ABLÉ Savings Plan number

continued from page 1

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.

continued from page 2

- I certify that if rolling over assets to my Oregon ABLE Savings Plan, the other qualified ABLE account belongs to a "Member of the Family."
- The request was made within 60 days of the withdrawal from the other ABLE account.
- 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 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)