

Important information about this form:

- Use this form to make an indirect rollover from a 529 College Savings account into an Oregon ABLE account. In an indirect rollover, the withdrawn 529 College funds are given to the 529 College Savings Account Owner and then deposited by such Account Owner into the Oregon ABLE account.
- The assets will be allocated based on the investment selection for the Oregon ABLE account.
- You must deposit the amount you want to qualify as a rollover into the Oregon ABLE account within 60 days of withdrawal from the 529 College Savings account.
- If an ABLE account has not yet been established for the Beneficiary, the Beneficiary or his/her Authorized Legal Representative should sign up online at www.OregonABLESavings.com or use an **Enrollment Form** before this form is completed.
- There's a \$15,000 annual rollover limit (less the amounts previously contributed by any person to the ABLE account that count against the standard \$15,000 limit).
- All rollover assets will be counted against the standard \$15,000 annual contribution limit to the ABLE account.
- The Beneficiary of the Oregon ABLE account must be the same as the beneficiary of the 529 College Savings account or be an eligible "Member of the Family" of such beneficiary as defined by Section 529 of the Internal Revenue Code.
- The Beneficiary of the Oregon ABLE account will also be the owner of the Oregon ABLE account even if such Beneficiary was not the owner of the 529 College Savings account.
- 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

1 ABLE account information

This is the Oregon ABLE 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

Is the Beneficiary the same for both the 529 College Savings account and the Oregon ABLE account?

- Yes
- No, and I certify that the new Beneficiary listed in this step meets the permitted family member designation in Section 529 (includes biological and step parents, aunts, uncles, siblings, children, first cousins, nieces and nephews; parents, siblings, children, nieces and nephews by marriage; legally adopted children; and half-brothers or half-sisters) of the beneficiary of the 529 College Savings account.

Oregon ABLE Savings Plan account number

Who should we contact?

We need the following information for either the Beneficiary or Authorized Legal Representative in case we have any questions about the account:

Contact name (First and last)

____ - ____ - _____

Telephone number

2 Rollover information

Assets from the 529 College Savings account must be deposited into the ABLE account within 60 days of withdrawing them. There's a \$10 minimum and a \$15,000 annual rollover limit (less the amounts previously contributed by any person to the ABLE account that counts against the standard \$15,000 annual limit) for an ABLE account. Contributions over the allowed amount will be rejected in their entirety.

The rollover contribution will be invested based on the investment selections for the Oregon ABLE account.

A Rollover details:

\$ _____ , _____ . _____

Principal of the rollover

\$ _____ , _____ . _____

Earnings of the rollover

B Tell us what's on the check?

Make the check payable to the Oregon ABLE Savings Plan.

\$ _____ , _____ . _____

Full amount of the rollover

(Total of Principal and Earnings)

C 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.

3 Signature of the ABLE account Beneficiary (or Authorized Legal Representative) Accepting the 529 College Rollover

I agree that this rollover contribution should be accepted by the Oregon ABLE Plan Manager.

Signature of Beneficiary or Authorized Legal Representative of the ABLE account

Date (mm/dd/yyyy)

4 Signature of 529 College Savings Plan Account Owner

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.
- I certify that the beneficiary of the 529 College Savings account is the same as the Beneficiary of the Oregon ABLE account or that the Beneficiary of the Oregon ABLE account qualifies as a "Member of the Family" of the beneficiary as defined by Section 529 of the Internal Revenue Code.
- I understand that the Account Owner of the 529 College Savings account from which assets are being withdrawn is responsible for providing the Oregon ABLE Savings Plan with a statement that certifies the principal and earnings 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 all of the above conditions may result in the earnings portion of the withdrawal from the 529 College Savings account 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 certify that the above is accurate data regarding the rollover of the 529 College Savings account assets into the referenced ABLE account. I further certify that I have signing authority over the 529 College Savings account.

Signature of Account Owner of the 529 College Savings account

Date (mm/dd/yyyy)