

**Important information about this form**

- Use this form to make a direct or indirect rollover from an existing ABLE account into a new STABLE account.
- For direct rollovers, you must have the existing ABLE account information available. The funds must be sent directly by the existing ABLE Program Manager within 60 days of opening your new STABLE account. The existing ABLE Program Manager might also require a notarization acknowledgement in **Step 7**.
- For indirect rollovers, you must close the existing ABLE account and deposit the full amount you want to rollover into a new STABLE account within 60 days of the withdrawal from the existing account.
- For all rollovers, unless the old ABLE account is closed within 60 days of the rollover withdrawal from such account, the new STABLE 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 [STABLEaccount.com](https://STABLEaccount.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 existing ABLE account, they must be the same on the new account. If you would like to change the ALR, please do so on the existing ABLE account before completing this form.
- The Beneficiary of the new STABLE account must remain the same as the beneficiary of the existing 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 – 8pm ET at

**1-800-439-1653**

Individuals with speech or hearing disabilities may dial 711 to access Telecommunications Relay Service (TRS) from a telephone or TTY.

**Mail the form to:**

STABLE Account Plan  
PO Box 534425  
Pittsburgh, PA 15253- 4425

**Overnight Mail:**

STABLE Account Plan  
Attention: 534425  
500 Ross Street, 154-0520  
Pittsburgh, PA 15262

**Fax:**

844-745-9612

**1 Rollover type**

Select the type of rollover you want to make and follow the assigned Steps.

- Direct Rollover** — Roll over assets directly from an existing ABLE program into a STABLE account. (Complete **Steps 1 – 3, 5, 6,** and possibly **7** if a notarization acknowledgement is required by the old ABLE Program Manager.)
- Indirect Rollover** — Deposit assets that have been withdrawn from the existing ABLE

**2 New STABLE account information**

This is the STABLE account you're rolling assets into.

\_\_\_\_\_  
**Name of Beneficiary on the STABLE account** (First and last)

\_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ \_\_  
**Beneficiary's Social Security or Taxpayer Identification Number**

- Yes, and I certify that there has been no rollover to an ABLE account for the Beneficiary from any other ABLE account for the Beneficiary within the last 12 months.
- No, and I certify that the new Beneficiary listed above meets the permitted family member designation in Section 529A (brother, sister, stepbrother, or stepsister) of the beneficiary of the old ABLE account.

**S T** - \_\_\_\_\_  
**STABLE account number**

**Who should we contact?**

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

\_\_\_\_\_  
**Contact name** (First and last)

\_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ \_\_  
**Telephone number**

**3 Existing ABLE account information**

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

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

\_\_\_\_\_  
ABLE Program State Sponsor  
(2-character state abbreviation)

\_\_\_\_\_  
Existing ABLE account number

\$ \_\_\_\_\_  
Approximate value

\_\_\_\_\_  
Name of Beneficiary (First and last)

\_\_\_\_\_  
Beneficiary's Social Security or Taxpayer Identification Number

\_\_\_\_\_  
Name of Authorized Legal Representative— If applicable

If you need to change the Authorized Legal Representative, please make the change on the old ABLE program 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)

Residential address associated with old ABLE account

\_\_\_\_\_  
Street address 1

\_\_\_\_\_  
Street address 2

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

\_\_\_\_\_  
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 existing ABLE account that you are rolling over must be deposited within 60 days of withdrawal from the existing ABLE account.

**A Tell us what's on the check:** \$ \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_  
 Make the check payable to STABLE account. **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 existing ABLE account before rollover:** \$ \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_  
**Standard contributions**  
 STABLE accounts are subject to Maximum Annual Contribution and Maximum Account Value limits. See the Program Disclosure Statement for the current limits.

\$ \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_  
**ABLE to Work contributions\***

**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 STABLE account program manager.

\* With ABLE to Work, if a Beneficiary is earning wages, they may contribute an amount equal to their current year gross income up to the current limits (see Program Disclosure Statement for current limits) 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 Rollover contribution information**

Provide instructions to the STABLE account Plan for how to invest the rollover amount provided in either **Step 3** or **Step 4**.

For a full list of all the portfolio options, please go online to STABLEaccount.com or see the **Plan Disclosure Statement** for important information about the investment options before making a decision. There is a \$1 minimum contribution to each portfolio you select.

**Investment options**

Growth Portfolio	\$ ____ , ____ . ____	<i>OR</i>	____ %
	Amount		Percent
Moderate Growth Portfolio	\$ ____ , ____ . ____		____ %
	Amount		Percent
Conservative Growth Portfolio	\$ ____ , ____ . ____		____ %
	Amount		Percent
Income Portfolio	\$ ____ , ____ . ____		____ %
	Amount		Percent
BankSafe Savings Fund	\$ ____ , ____ . ____		____ %
	Amount		Percent
\$ ____ , ____ . ____			100 %
Total contribution amount			Total contribution percentage

**6 Sign the 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 STABLE account Plan Disclosure Statement & Participation Agreement as they relate to this rollover request.
- If I am making a direct rollover, I authorize the old ABLE account Program Manager, or its designee, to roll over assets into the STABLE 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 program 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 beyond the current limit of the fair market value of my STABLE account. See the Program Disclosure Statement for the current limit.
- 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 STABLE account Program 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 STABLE account Program 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 STABLE 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 program assets into the new STABLE account Program referenced account. I further certify that I have signing authority over both ABLE program accounts.

---

Signature of Beneficiary or Authorized Legal Representative

---

Date (mm/dd/yyyy)

**7 Notarization acknowledgement**

You may be required to provide proof of your authority to act on behalf of the existing ABLE account. If you're not sure if this is required, please contact the existing ABLE account.

**Keep in mind that:**

- If I am an Authorized Legal Representative, I certify that I am authorized to act on behalf of the STABLE Account Owner or the Beneficiary in making this request and that this request is in the best interest of the Beneficiary.
- By signing below, I authorize the Plan Manager or its designee to add an ALR according to the instructions above.

**Only sign if you are in the presence of a notary public or other officer providing notarization.**

The undersigned has read the foregoing in its entirety before signing. IN WITNESS WHEREOF, I have hereunto

set my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Day (#)

Month

Year

\_\_\_\_\_  
Signature of Beneficiary or Authorized Legal Representative

State of \_\_\_\_\_, County of \_\_\_\_\_

This instrument was acknowledged before me

physical presence     online notarization

on \_\_\_\_\_  
Date (mm/dd/yyyy)

by \_\_\_\_\_  
Name of person (First and last)

My term expires: \_\_\_\_\_  
Date (mm/dd/yyyy)

**Notary Public (Seal)**

\_\_\_\_\_  
Signature of Notary Public