

Important information about this form:

- Use this form to make a direct rollover from a 529 College Savings account into an CalABLE account.
- In a direct rollover the movement of funds is coordinated by the 529 College Savings Plan Manager and ABLE Program Manager. Once this form is submitted to the CalABLE program, they will reach out to your 529 College Savings Plan to coordinate the rollover.
- You must have the 529 College Savings account information and the CalABLE account information available. The 529 College Savings account might also require a notarization acknowledgement in **Step 7**. You should check with the 529 College Savings Plan Manager before submitting this form.
- If a CalABLE account has not yet been established for the Beneficiary, the Beneficiary or his/her Authorized Legal Representative should sign up online at CalABLE.ca.gov or use an **Enrollment Form** before this form is completed.
- CalABLE accounts are subject to a Maximum Annual Contribution Limit. See the Program Disclosure Statement for the current limit. All rollover assets will be counted against the standard annual contribution limit to the CalABLE account.
- The Beneficiary of the CalABLE 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 CalABLE account will also be the owner of the CalABLE 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 6am – 5pm PT at

1-833-Cal-ABLE
(833-225-2253)

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

Mail the form to:

CalABLE
P.O. Box 534403
Pittsburgh, PA 15253- 4403

Overnight Mail:

CalABLE
Attention: 534403
500 Ross Street, 154-0520
Pittsburgh, PA 15262

Fax:

844-761-0239

1 CalABLE account information

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

Name of Beneficiary on the CalABLE 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 CalABLE 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.

9 9 - ____
CalABLE account number (if available)

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

2 529 College Savings account information

This is the 529 College Savings account you're rolling assets from.

College savings plan name

Plan State Sponsor (2-character state abbreviation)

College savings plan account number

Name of the Account Owner (First and last)

Account Owner's Social Security or Taxpayer Identification Number

Email address associated with the College Savings Plan account

Telephone number

Name of the Beneficiary (First and last) – If they are not the account owner

Beneficiary's Social Security or Taxpayer Identification Number

529 College Savings Plan Manager's address

Street address 1

Street address 2

City

State

Zip Code

3 Rollover information

Assets from the 529 College Savings account must be deposited into the CalABLE account within 60 days of withdrawing them. There's a \$1 minimum and an annual rollover limit (less the amounts previously contributed by any person to the CalABLE account that counts against the standard annual limit) for a CalABLE account. Contributions over the allowed amount will be rejected in their entirety. See the Program Disclosure Statement for the current annual contribution limit.

A Source of funds:

These instructions will be used by the 529 College Savings Plan Manager. To roll over from more investment portfolios, please include a separate page with this form.

Investment portfolio name

\$ _____ , _____ . _____
Amount

Investment portfolio name

\$ _____ , _____ . _____
Amount

Investment portfolio name

\$ _____ , _____ . _____
Amount

B What's the total?

This should be the sum of the portfolios listed in Step 3A above..

\$ _____ , _____ . _____
Full amount of rollover

4 Rollover contribution information

Provide instructions to the CalABLE Savings Plan for how to invest the rollover amount provided in **Step 3**.

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

FDIC-Insured Portfolio \$ _____ , _____ . _____
Amount

Income Portfolio \$ _____ , _____ . _____
Amount

Conservative Portfolio \$ _____ , _____ . _____
Amount

Income and Growth Portfolio \$ _____ , _____ . _____
Amount

Balanced Portfolio \$ _____ , _____ . _____
Amount

Conservative Growth Portfolio \$ _____ , _____ . _____
Amount

Moderate Growth Portfolio \$ _____ , _____ . _____
Amount

Growth Portfolio \$ _____ , _____ . _____
Amount

\$ _____ , _____ . _____
Total contribution amount

**5 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 CalABLE Program Manager.

Signature of Beneficiary or Authorized Legal Representative

__ __ / __ __ / __ __ __ __
Date (mm/dd/yyyy)

6 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 **CalABLE Program Disclosure Statement and Participation Agreement** 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 CalABLE account or that the Beneficiary of the CalABLE 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 CalABLE Program with a statement that certifies the principal and earnings breakdown of the assets transferred. I further understand that until such statement is provided, the CalABLE Program 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 CalABLE 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)

7 Notarization acknowledgement for 529 College Savings Plan (if applicable)

Keep in mind that:

- You're providing the following information as underwritten certification that your signature is genuine.
- You cannot guarantee your own signature. You may be required to provide proof of your authority to act on behalf of the CalABLE account.

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 Account Owner of the 529 College Savings account

State of _____, County of _____

This instrument was acknowledged before me

on ____ / ____ / ____
Date (mm/dd/yyyy)

by _____

My term expires: ____ / ____ / ____
Date (mm/dd/yyyy)

Notary Public (Seal)

Signature of Notary Public