



CalABLE Indirect Incoming Rollover/Transfer Form

Questions? Call 833-CAL-ABLE (833-225-2253)

P.O. Box 44309

Jacksonville, FL 32231

Visit www.CalABLE.ca.gov

Or contact the Program via email at CalABLEsupport@CalABLE.ca.gov

Please read the **Program Disclosure Statement and Participation Agreement** carefully before completing this form. You can access this document at: www.CalABLE.ca.gov

Complete this form to:

- Report an indirect rollover contribution from another Qualified ABLE Plan (QAP) to a CalABLE Account.
- Report an indirect rollover contribution from a 529 College Savings Account to a CalABLE Account.
- Report any contributions made this year to another QAP (excluding rollovers or program-to-program transfers).

What you will need (for rollover contributions only):

- A check made payable to CalABLE
- Documentation showing the basis and earnings of the contribution
- Signature of the CalABLE Account Beneficiary (or Authorized Legal Representative)
- Signature of 529 College Savings Account Owner

Please note: You must have an established CalABLE Account before completing this form. You are only allowed to request a rollover of funds to your CalABLE Program Account if no rollover has been made within the prior 12 months.

Print clearly, in uppercase letters, with blue or black ink and return to CalABLE at the address below:

CalABLE

P.O. Box 44309

Jacksonville, FL 32231

Overnight Mail must use the US Postal Service to ensure delivery to PO Box.

**Questions? Call us at 833-CAL-ABLE
(833-225-2253)**

1 CalABLE Account Information

CalABLE Account Number

Telephone Number

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Name of Beneficiary on ABLE Account

Beneficiary Date of Birth (MM/DD/YYYY)

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Beneficiary SSN/TIN

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If the Beneficiary has an Authorized Legal Representative, please complete the following information for the Representative:

Full Name

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Date of Birth (MM/DD/YYYY)

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SSN/TIN

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2 What would you like to do?

- Report an indirect rollover (contribution check must accompany this form) from another Qualified ABLE Plan (QAP) or a 529 College Savings Account to a CalABLE Program Account **Complete Section A**
- Report any contributions made this year to another QAP (excluding rollovers or program-to-program transfers) – **Complete Section B**

Section A – Complete for an indirect rollover into your CalABLE account

Use this section if you have already received your rollover check from another QAP or 529 College Savings Account and you are depositing those funds into your CalABLE account.

Except during the rollover process, no Beneficiary may have more than one ABLE account in existence at the same time. Old Qualified ABLE Plan accounts must be closed within 60 days after the rollover amount is withdrawn in order for the receiving account to be treated as an ABLE account.

TELL US ABOUT YOUR ROLLOVER:

Is the Beneficiary the same for both the CalABLE Program Account and the 529 College Savings Account or QAP Account?

- Yes
- No, but I certify that the new Beneficiary listed below is qualified as a “Member of the Family” of the 529 College Savings Account or QAP Account as defined by section 529 of the Internal Revenue Code

Dollar amount of Rollover (this amount should be equal to the amount of the check enclosed with this form)	\$
Earnings Portion of Rollover (amount earned on the other QAP or 529 College Savings Account account)	\$

Important information about rollovers from 529 College Savings Accounts

In order to be qualified as a rollover, funds withdrawn from the 529 College Savings Account must be deposited into the CalABLE Account within 60 days of distribution from the 529 College Savings Account.

The Beneficiary of the CalABLE Account will become the owner of the rollover funds even if that beneficiary was not the owner of the 529 College Savings Account.

Rollover funds are subject to the same \$15,000 annual limit as other contributions to your CalABLE Account. If you have a remaining balance in your 529 College Savings Account after completing this rollover, we encourage you to take advantage of initiating indirect rollovers on an annual basis.

The Beneficiary of the CalABLE Account must be the same as the Beneficiary of the 529 College Savings Account or must be qualified as a “Member of the Family” of the CalABLE Account Beneficiary as defined by section 529 of the Internal Revenue Code.

Signature of CalABLE Account Beneficiary (or Authorized Legal Representative)

By signing below, I am certifying that it is my intent to accept a complete or partial rollover to my CalABLE Account. I understand that tax-free rollovers must meet certain requirements that are summarized in the Disclosure Booklet and Participation Agreement.

All of the information provided by me on this form is, and all information provided by me in the future will be, true, complete and correct.

Signature of CalABLE Account Beneficiary (or Authorized Legal Representative) _____
Date

Signature of 529 College Savings Account Owner or QAP Account Owner

By signing below, I am certifying that I am the Account Owner of the 529 College Savings Account or Qualified Able Plan named above, or I have the authority to act as the Account Owner, and that it is my intent to transfer the above-referenced amount from my 529 College Savings Account or Qualified ABLE Plan Account to the CalABLE Account named above.

All the information provided by me on this form is true, complete and correct.

Signature of 529 College Savings Account or QAP Account Owner _____
Date

SECTION B - Report any contributions made this year to another QAP (excluding rollovers or program-to-program transfers)

If you made any contributions to another Qualified ABLE Plan (QAP) in the same year you establish a CalABLE Account, you must report those year-to-date contributions, which will be counted toward the \$15,000 annual contribution limit.

Tell us about your contributions:

Year-To-Date Contributions to the other QAP:

Date of Establishment (*date the other QAP was originally established*) MM/DD/YYYY:

Other QAP Account Number:

Name of the other QAP Plan:

Mailing Address Street:

Street Line 2 (*Apt., Suite, and Floor*):

City, State, Zip Code:

The Beneficiary must be the same in both QAP plan accounts.

Full Name:

Date of Birth (*MM/DD/YYYY*):

SSN/TIN:

Signature & Authorization

This section must be signed by the Current Account Administrator.

I certify under the penalties of perjury that all the information provided by me on this form is true, complete and correct. I have the authority to make this request and have met the requirements for this transaction as set forth in the CalABLE Disclosure Statement and Participation Agreement. I have only one open Qualified ABLE account (other than the Qualified ABLE account that will terminate with the rollover or program-to-program transfer).

I understand that, except during the rollover process, a Designated Beneficiary can have only one open Qualified ABLE account and that the Qualified ABLE account from which the funds are being transferred to the CalABLE account must be closed within 60 days of completing the rollover.

Signature

Date