



CalABLE

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.
- Request a direct rollover from a 529 College Savings Account or another state ABLE Account to a CalABLE account.
- Report any contributions made this year to another QAP (excluding rollovers or program-to-program transfers).

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

			-				-			
--	--	--	---	--	--	--	---	--	--	--

Name of Beneficiary on ABLE Account

Beneficiary Date of Birth (MM/DD/YYYY)

		-			-				
--	--	---	--	--	---	--	--	--	--

Beneficiary SSN/TIN

			-			-					
--	--	--	---	--	--	---	--	--	--	--	--

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

Full Name

--

Date of Birth (MM/DD/YYYY)

		-			-				
--	--	---	--	--	---	--	--	--	--

SSN/TIN

			-			-				
--	--	--	---	--	--	---	--	--	--	--

2 What would you like to do?

- | |
|---|
| <input type="checkbox"/> Report an indirect rollover (contribution check must accompany this form) from another Qualified ABLE Plan (QAP) to a CalABLE Program Account – Complete Section A |
| <input type="checkbox"/> Report an indirect rollover (contribution check must accompany this form) from a 529 College Savings Account to your CalABLE Program Account – Complete Section B |
| <input type="checkbox"/> Request a direct rollover (CalABLE will request the distribution on my behalf) from a 529 College Savings Plan Account or other state ABLE Account – Complete Section C |
| <input type="checkbox"/> Report any contributions made this year to another QAP (excluding rollovers or program-to-program transfers) – Complete Section D |

SECTION A – Report an Indirect Rollover from Another QAP to your CalABLE Account:

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

You may transfer funds from your Qualified ABLE Program Account to your CalABLE Program Account or a family member's CalABLE Program 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.

What you will need:

- | |
|--|
| <input type="checkbox"/> A check made payable to CalABLE |
| <input type="checkbox"/> Documentation showing the basis and earnings of the contribution |
| <input type="checkbox"/> Documentation showing the Year-to-Date contributions to the other QAP |

TELL US ABOUT YOUR ROLLOVER:

Is the Beneficiary the same for both the ABLE Program Accounts?

- Yes
- No, and I certify that the new Beneficiary listed below is qualified as a

“Member of the Family” of the ABLE Program Account Beneficiary as defined by section 529 of the Internal Revenue Code

Dollar amount of Rollover (<i>this amount should be equal to the amount of the check enclosed with this form</i>)	\$								
Earnings Portion of Rollover (<i>amount earned on the other QAP account</i>)	\$								
Year-to-Date Contributions to the other QAP	\$								
Date of Establishment (<i>date the other QAP was originally established</i>) MM/DD/YY	<table border="1"> <tr> <td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td> </tr> </table>			/			/		
		/			/				

Please note: Unless you provide all of the above information or documentation detailing a breakdown of contributions and earnings, the entire rollover amount will be treated as earnings and will be reported as earnings for tax purposes.

SECTION B – Report an Indirect Rollover from a 529 College Savings Account to a CalABLE

Account: Use this section if you have already received your rollover check from your 529 College Savings Plan account and you are depositing those funds into your CalABLE account. You may transfer funds from your 529 College Savings Account to your CalABLE Account or a family member’s CalABLE 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.

What you will need:

- 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

TELL US ABOUT YOUR ROLLOVER:

Is the Beneficiary the same for both the 529 College Savings Account and the CalABLE Accounts?

- Yes
- No, and I certify that the new Beneficiary listed below is qualified as a “Member of the Family” of the CalABLE Account Beneficiary as defined by section 529 of the Internal Revenue Code.

Dollar amount of Rollover (<i>this amount should be equal to the amount of the check enclosed with this form</i>)	\$
Earnings Portion of Rollover (<i>amount earned on the 529 College Savings Account</i>)	\$

Signature of ABLE 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 ABLE Account Beneficiary (or Authorized Legal Representative)

Date

Signature of 529 College Savings Account Owner

By signing below, I am certifying that I am the Account Owner of the 529 College Savings Account 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 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 Owner

Date

Section C – Request a direct rollover from a 529 College Savings Account or another state ABLE Account

Important information about direct rollovers from 529 College Savings Accounts or state ABLE account

Complete this section if you have not received a check from your 529 College Savings Plan or QAP account. CalABLE will contact the current 529 College Savings Plan or state ABLE Account

Administrator to send the funds to us. The current 529 Plan or ABLE Account Administrator may require a signature guarantee to complete this rollover. Please confirm with the current 529 College Savings Plan if they require a signature guarantee and provide this in Section C of this form.

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 or state ABLE 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.

What you will need:

- Name and mailing address of the 529 College Savings Plan or state ABLE Account
- Documentation showing the basis and earnings of the contribution provided by the 529 College Savings Plan or ABLE Plan Administrator
- Signature of the CalABLE Account Beneficiary (or Authorized Legal Representative)
- Signature of 529 College Savings Account or State ABLE Account Owner
- Signature Guarantee if required by the 529 College Savings Plan or State ABLE Account Administrator

529 College Savings Plan Account Number

Account Owner Social Security Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

				-				-												
--	--	--	--	---	--	--	--	---	--	--	--	--	--	--	--	--	--	--	--	--

Account Owner Name (First, MI, Last, Suffix or Name of Entity)

--

Beneficiary Name (First, MI, Last, Suffix)

--

529 College Savings Plan or State ABLE Account Name

--

529 College Savings Plan or State ABLE Account Mailing Address Line 1

--

529 College Savings Plan or State ABLE Account Mailing Address Line 2

--

529 College Savings Plan or State ABLE Account City

State

Zip Code

--

--	--

--	--	--	--	--	--

To the 529 College Savings Plan or State ABLE Account Administrator:

Please roll over the assets from my account(s) as requested below and mail a check to **CalABLE**. Enclose a breakdown of the principal and earnings portion of the distribution with the check.
(Check only one box)

- Roll over the ENTIRE balance in my account. (Estimated Amount: \$ _____) OR
- Roll over a PARTIAL balance in my account, as indicated below.

Investment option(s)	Rollover Amount(s)
1.	\$
2.	\$
3.	\$
4.	\$
TOTAL PARTIAL ROLLOVER AMOUNT	
	\$

Signature of ABLE 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 ABLE Account Beneficiary (or Authorized Legal Representative) Date

Signature of 529 College Savings Account Owner

By signing below, I am certifying that I am the Account Owner of the 529 College Savings Account 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 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 or State ABLE Account Owner Date

Signature Guarantee

Your current 529 College Savings Plan may require a Medallion Signature Guarantee stamp on this form, or it may have additional requirements before releasing your funds. To avoid delays, call your current 529 College Savings Plan for instructions before mailing this form to CalABLE. You may be required to provide proof of your authority to act on behalf of the account to your bank or broker before a Medallion Signature Guarantee Stamp will be provided.

GUARANTOR TO AFFIX STAMP HERE

SECTION D - 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 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 ABLE account (other than 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 ABLE account and that the 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