

Important information about this form:

- Use this form to make a direct or indirect rollover from an existing ABLE account into a new CalABLE 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 CalABLE 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 CalABLE 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 CalABLE 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 CalABLE.ca.gov 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 CalABLE 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 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 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 CalABLE 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 account into the new CalABLE account. (Complete **Steps 1, 2, 4, 5 and 6**.)

2 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 old ABLE account and the CalABLE account?

- 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.

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

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 information

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 CalABLE.

\$ _____, _____ . ____
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 statement.

\$ _____, _____ . ____
Principal of the rollover
\$ _____, _____ . ____
Earnings of the rollover

C**Current tax-year contributions made to the existing ABLE account before rollover:**

\$ _____, _____ . ____
Standard Contributions

CalABLE accounts are subject to Maximum Annual Contribution and Maximum Account Value limits. Please 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 CalABLE 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 CalABLE Savings Plan for how to invest the rollover amount provided in **Step 3 or 4**.

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

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 information and terms and conditions in the **CalABLE Program Disclosure Statement & Participation Agreement** as they relate to this rollover.
- If I am making a direct rollover, I authorize the old ABLE account Program Manager, or its designee, to roll over assets into the CalABLE 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 CalABLE 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 CalABLE 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 CalABLE 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 CalABLE 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 CalABLE referenced account. I further certify that I have signing authority over both ABLE program accounts.

Signature of Account Owner of the 529 College Savings account

— / — / —
Date (mm/dd/yyyy)

7 Notarization acknowledgement

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 ABLE 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 Beneficiary or Authorized Legal Representative

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