

**Important information about this form:**

- Use a **Rollover Form** to transfer assets from this CalABLE account to another eligible Beneficiary.
- An IRS Form 1099-QA is filed when a withdrawal is made from the CalABLE account.
- Please provide a certified copy of the Death Certificate and either a Letter of Testamentary or a Small Estates Affidavit to the individual providing the notarization acknowledgment.
- Please send in copies of the Death Certificate and either a Letter of Testamentary or a Small Estates Affidavit with this form.
- Type or print clearly in black ink, and do not staple the pages or copies of documents included with this form.

**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**

**Name of Beneficiary on the CalABLE Account (First and last)**

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

9 9 - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ -   
**CalABLE account number**

**2 Executor information**

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**Name** (First and last)

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**Date** (mm/dd/yyyy)

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**Social Security or Taxpayer Identification Number**

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**Telephone number**

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**Street address 1**

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**Street address 2**

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**City**

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**State**

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**Zip Code****3 Choose the type of withdrawal**

- A check made payable to the Beneficiary's estate  
(Please let us know where to mail the check to)
- Mail check to the Beneficiary's address on file
- Mail check to the executor's address provided on this form
  
- Rollover to another eligible Beneficiary  
(Please fill out a **Rollover Form** for the plan you're transferring these assets to)

**4****Sign the form**

By signing below, I certify that all the information provided on this form and in the future, will be true, complete and correct. I authorize the Program to close this account based upon this information.

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**Signature of Executor**

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**Date (mm/dd/yyyy)**

**5 A notarization acknowledgement is required for the death of a Beneficiary**

Please provide a certified copy of the Death Certificate and either a Letter of Testamentary or a Small Estates Affidavit for the notarization acknowledgement. When you mail in this form, please include copies of these documents.

**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 Beneficiary or Authorized Legal Representative**

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_  
County

This instrument was acknowledged before me

on \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
Day (#) Month Year

by \_\_\_\_\_  
**Name of person (first and last)**

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

**Notary Public (Seal)**

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**Signature of Notary Public**