

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**

Name (First and last)

___ / ___ / _____
Date (mm/dd/yyyy)

____ - ____ - _____
Social Security or **Taxpayer Identification Number**

____ - ____ - _____
Telephone number

Street address 1

Street address 2

City

State

____ - ____ - _____
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.

Signature of Executor

__ / __ / ____
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

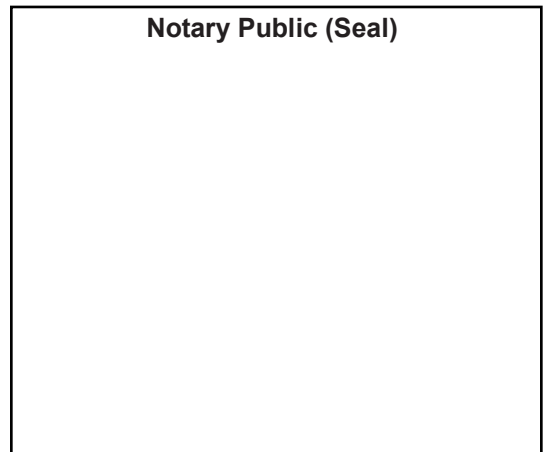
STATE OF _____, COUNTY OF _____
County

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)



Signature of Notary Public