



**Important information about this form:**

- Use this form to make a direct rollover from a 529 College Savings account into an Washington State ABLE account.
- In a direct rollover the movement of funds is coordinated by the 529 College Savings Plan and ABLE Plan Managers. Once this form is submitted to the Washington State ABLE Savings Plan, they will reach out to your 529 College Savings Plan to coordinate the rollover.
- The assets will be allocated based on the investment selection for the Washington State ABLE account.
- You must have the 529 College Savings account information and the Washington State ABLE account information available. The 529 College Savings account might also require a Medallion Signature Guarantee in **Step 6**. You should check with the 529 College Savings Plan Manager before submitting this form.
- If an ABLE account has not yet been established for the Beneficiary, the Beneficiary or his/her Authorized Legal Representative should sign up online at [www.WashingtonStateABLE.com](http://www.WashingtonStateABLE.com) or use an **Enrollment Form** before this form is completed.
- There's a \$15,000 annual rollover limit (less the amounts previously contributed by any person to the ABLE account that count against the standard \$15,000 annual limit).
- All rollover assets will be counted against the standard \$15,000 annual contribution limit to the ABLE account.
- The Beneficiary of the Washington State ABLE account must be the same as the beneficiary of the 529 College Savings account or be an eligible "Member of the Family" of such beneficiary as defined by Section 529 of the Internal Revenue Code.
- The Beneficiary of the Washington State ABLE account will also be the owner of the Washington State ABLE account, even if such Beneficiary was not the owner of the 529 College Savings account.
- 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 9am – 5pm PT at  
**1-844-600-2253** or  
from 6am – 5pm PT at  
**1-844-888-2253 (TTY)**

**Mail the form to:**

Washington State ABLE  
Savings Plan  
P.O. Box 9892  
Providence, RI 02940-9892

**Overnight Mail:**

Washington State ABLE  
Savings Plan  
4400 Computer Drive  
Westborough, MA 01581



## 1 ABLE account information

This is the Washington State ABLE account you're rolling assets into.

\_\_\_\_\_  
Name of the Beneficiary (First and last)

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

Is the Beneficiary the same for both the old ABLE account and the Washington State ABLE account?

Yes

No, and I certify that the new Beneficiary listed in this step meets the permitted family member designation in Section 529 (includes biological and step parents, aunts, uncles, siblings, children, first cousins, nieces and nephews; parents, siblings, children, nieces and nephews by marriage; legally adopted children; and half-brothers or half-sisters) of the beneficiary of the 529 College Savings account.

\_\_\_\_\_  
Washington State ABLE Savings Plan number

### Who should we contact?

We need the following information for either the Beneficiary or Authorized Legal Representative in case we have any questions about the account:

\_\_\_\_\_  
Contact name (First and last)

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Telephone number



## 2 529 College Savings account information

This is the 529 College Savings account you're rolling assets from.

\_\_\_\_\_  
College Savings Plan name

\_\_ \_\_  
Plan State Sponsor (2-character state abbreviation)

\_\_\_\_\_  
College Savings Plan account number

\_\_\_\_\_  
Name of the Account Owner (First and last)

\_\_ \_ - \_\_ \_ - \_\_ \_  
Account Owner's Social Security or Taxpayer Identification Number

\_\_\_\_\_  
Email address associated with the College Savings Plan account

\_\_ \_ - \_\_ \_ - \_\_ \_  
Telephone number

\_\_\_\_\_  
Name of Beneficiary (First and last) — If they are not the Account Owner

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

### 529 College Savings Plan Manager's address

\_\_\_\_\_  
Street address 1

\_\_\_\_\_  
Street address 2

\_\_\_\_\_  
City

\_\_\_\_ \_ - \_\_\_\_ \_  
State ZIP Code



### 3 Rollover information

There's a \$10 minimum and a \$15,000 annual rollover limit (less the amounts previously contributed by any person to the to the ABLE account that count against the standard \$15,000 annual limit) for an ABLE account. Contributions over the allowed amount will be rejected in their entirety. The rollover contribution will be invested based on the investment selections for the Washington State ABLE account.

#### A Source of funds:

These instructions will be used by the 529 College Savings Plan Manager. To roll over from more investment portfolios, please include a separate page with this form.

_____	\$ _____ , _____ . _____
Investment portfolio name	Amount

_____	\$ _____ , _____ . _____
Investment portfolio name	Amount

_____	\$ _____ , _____ . _____
Investment portfolio name	Amount

#### B What the total?

This should be the sum of the portfolios listed in **Step 3A** above.

\$ _____ , _____ . _____
<b>Full amount of the rollover</b>



**4**

## Signature of the ABLE account Beneficiary (or Authorized Legal Representative) Accepting the 529 College Rollover

I agree that this rollover contribution should be accepted by the Washington State ABLE Plan Manager.

\_\_\_\_\_  
Signature of Beneficiary or Authorized Legal Representative of the ABLE account

\_\_\_\_\_  
Date (mm/dd/yyyy)

**5**

## Signature of 529 College Savings Plan Account Owner

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 Washington State ABLE Savings Plan Disclosure as they relate to this rollover.
- I authorize the 529 College Savings Plan Manager, or its designee, to roll over assets into the Washington State ABLE account according to these instructions.
- I certify that the beneficiary of the 529 College Savings account is the same as the Beneficiary of the Washington State ABLE account or that the Beneficiary of the Washington State ABLE account qualifies as a "Member of the Family" of the beneficiary of the 529 College Savings account as defined by Section 529 of the Internal Revenue Code.
- I understand that a rollover that doesn't meet all of the above conditions may result in the earnings portion of the withdrawal from the 529 College Savings account 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 certify that the above is accurate data regarding the Rollover of the 529 College Savings account assets into the referenced ABLE account. I further certify that I have signing authority over the 529 College Savings account.

\_\_\_\_\_  
Signature of Account Owner of the 529 College Savings account

\_\_\_\_\_  
Date (mm/dd/yyyy)



**6 Medallion Signature Guarantee for 529 College Savings Plan (if applicable)**

You may be required to provide proof of your authority to act on behalf of the 529 College Savings account. If you're not sure if this is required, please contact the 529 College Savings Plan.

**Keep in mind that:**

- You're providing the following information as underwritten certification that your signature is genuine.
- You can get a Medallion Signature Guarantee from an authorized officer of a bank, broker, or other qualified financial institution. A notary public doesn't qualify, and 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 an authorized officer providing the Medallion Signature Guarantee.**

I certify that the information provided herein is true and complete in all respects, and that I have read and understand, consent, and agree to all the terms and conditions of the **Plan Disclosure**.

**Have the Authorized Officer stamp here**

\_\_\_\_\_  
Signature of Account Owner

\_\_\_\_\_  
Signature Guarantor

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name of Institution

\_\_\_\_\_  
Date (mm/dd/yyyy)