



Important information about this form:

- Use a **Rollover Form** to transfer assets from this Washington State ABLE Savings Plan account to another eligible Beneficiary.
- An IRS Form 1099-QA is filed when a withdrawal is made from the ABLE account.
- Please provide a certified copy of the Death Certificate and the original Certificate of Domicile and Letter of Testamentary for the notarization acknowledgement.
- Please send in copies of the Death Certificate, Certificate of Domicile and Letter of Testamentary 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 9am – 5pm PT at
1-844-600-2253

Individuals with speech or hearing disabilities may dial 711 to access Telecommunications Relay Service (TRS) from a telephone or TTY.

Mail the form to:

Washington State ABLE Savings Plan
P.O. Box 534431
Pittsburgh, PA 15253- 4431

Overnight Mail:

Washington State ABLE Savings Plan
Attention: 534431
500 Ross Street, 154-0520
Pittsburgh, PA 15262

Fax:

833-286-8171

1 ABLE account information

Name of Beneficiary on the ABLE Account (First and last)

____ - ____ - ____ - ____ - ____
Beneficiary’s Social Security or **Taxpayer Identification Number**

____ - ____ - ____ - ____ - ____
Washington State ABLE Savings Plan account number

2 Executor information

Name (First and last)

____ / ____ / ____ - ____ - ____
Date (mm/dd/yyyy)

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



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____ - ____ - ____
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)

· The \$2.50 fee for a check withdrawal will be waived.



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

Please provide a certified copy of the Death Certificate and the original Certificate of Domicile and Letter of Testamentary 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 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 WASHINGTON, COUNTY OF _____
County

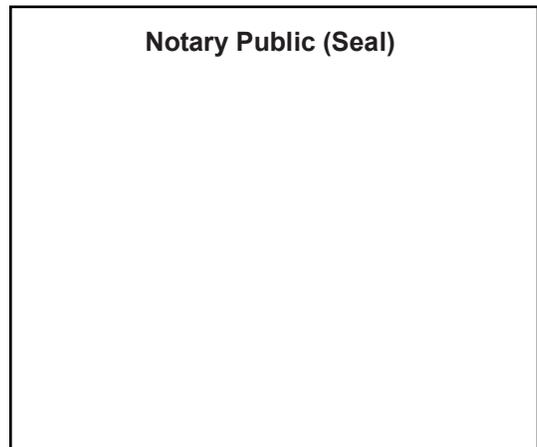
This instrument was acknowledged before me

physical presence or online notarization

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