



Important information about this form:

- Use this form to make a direct rollover from a 529 College Savings account into a 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.
- 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 notarization acknowledgement 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 or use an **Enrollment Form** before this form is completed.
- All rollover assets will be counted against the standard annual contribution limit to the ABLE account. See the Washington State ABLE Savings Plan Disclosure for the current limit.
- 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

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

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

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

____ - ____ - ____ - ____ - ____
Beneficiary's Social Security or Taxpayer Identification Number

Is the Beneficiary the same for both the 529 College Savings account and the Washington State ABLÉ Savings 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 ABLÉ Savings Plan number

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



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 the 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 contribution for an ABLE account. Contributions over the allowed amount will be rejected in their entirety. See the Plan Disclosure Booklet for the current limit.

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's the total?

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

\$ _____ , _____ . _____
Full amount of rollover



4 Rollover contribution information

You can select as many portfolios you want to invest your contributions. You can view your portfolio selections at any time or change your investment strategy up to twice per calendar year.

There are five options to pick from. There are risks involved in investing, your decision should be based on your goals and timeline for this ABLE account. The rest is up to the market's performance.

For an in-depth look at each of the investment options, please refer to the **Plan Disclosure Booklet**.

How do you want to invest? (Please select at least one)

ABLE Conservative

A predesigned diversified option with a mix of stocks and bonds for a more conservative risk profile.

\$ _____ , _____ . _____
Amount (per pay period)

ABLE Moderate

A predesigned diversified option with a mix of stocks and bonds for a more moderate risk profile.

\$ _____ , _____ . _____
Amount (per pay period)

ABLE Aggressive

A predesigned diversified option with a mix of stocks and bonds for a more aggressive risk profile.

\$ _____ , _____ . _____
Amount (per pay period)

Cash Option

This fund offers FDIC insurance protection for amounts contributed up to FDIC-permitted limits.

\$ _____ , _____ . _____
Amount (per pay period)

\$ _____ , _____ . _____
Total contribution amount



**5 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

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

6 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)



7 Notarization acknowledgement for 529 College Savings Plan (if applicable)

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 Account Owner of the 529 College Savings account

State of Washington, County of _____

This instrument was acknowledged before me

physical presence or online notarization

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

by _____

My term expires: ____ / ____ / ____
Date (mm/dd/yyyy)

Notary Public (Seal)

Signature of Notary Public