



## Important information about this form:

- Use this form to make an indirect rollover from a 529 College Savings account into a Washington State ABLE account. In an indirect rollover, the withdrawn 529 College funds are given to the 529 College Savings Account Owner and then deposited by such Account Owner into the Washington State ABLE account.
- You must deposit the amount you want to qualify as a rollover into the Washington State ABLE account within 60 days of withdrawal from the 529 College Savings account.
- 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.
- ABLE accounts are subject to a Maximum Annual Contribution Limit. 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 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** (if available)

**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 Rollover information**

Assets from the 529 College Savings account must be deposited into the ABLE account within 60 days of withdrawing them. There's a \$10 minimum and a \$17,000 annual rollover limit (less the amounts previously contributed by any person to the ABLE account that counts against the standard \$17,000 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 Alabama ABLE account.

**A Rollover details:** \$ \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_  
**Principal of the rollover**

\$ \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_  
**Earnings of the rollover**

**B Tell us what's on the check:** \$ \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_  
Make the check payable to Alabama ABLE.  
**Full amount of rollover**  
(Total of Principal and Earnings)

**C Please include a statement from the original account that shows the breakdown of the contributions/principal and earnings to verify this rollover.**

The entire deposit will be considered earnings until the statement is received by the Washington State ABLE Savings Plan.



**3 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 four 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**



**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**

\_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_  
**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 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 as defined by Section 529 of the Internal Revenue Code.
- I understand that the Account Owner of the 529 College Savings account from which assets are being withdrawn is responsible for providing the Washington State ABLE Savings Plan with a statement that certifies the principal and earnings breakdown of the assets transferred. I further understand that until such statement is provided, the Washington State ABLE Savings Plan will treat the entire transfer as earnings.
- 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)**