

Important information about 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 MarylandABLE.org or use an **Enrollment Form** before this form is completed.
- Use this form to make a direct rollover from a 529 College Savings account into a Maryland 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 Maryland ABLE, 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 Maryland 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.
- All rollover assets will be counted against the standard annual contribution limit to the ABLE account. See the Maryland ABLE Disclosure for the current limit.
- The Beneficiary of the Maryland 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 Maryland ABLE account will also be the owner of the Maryland 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 - 8pm ET at
1-855-563-2253

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

Mail the form to:

Maryland ABLE
P.O. Box 534424
Pittsburgh, PA 15253- 4424

Overnight Mail:

Maryland ABLE
Attention: 534424
500 Ross Street, 154-0520
Pittsburgh, PA 15262

Fax:

833-286-8170

1 ABLÉ account information

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

Name of Beneficiary on the ABLE 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 Maryland ABLE 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.

Maryland ABLE 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 \$25 minimum initial contribution to open an ABLE account and a \$5 minimum for an existing 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 as 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? A minimum of \$5 must be contributed to any option selected. (Please select at least one)

Cash Option

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

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

ABLE Fixed Income

A portfolio of mutual funds intended to produce an overall investment exposure of 100% bonds.

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

ABLE Conservative

A portfolio of mutual funds intended to produce an overall investment exposure of approximately 20% stocks and 80% bonds.

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

ABLE Moderate

A portfolio of mutual funds intended to produce an overall investment exposure of approximately 50% stocks and 50% bonds.

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

ABLE Aggressive

A portfolio of mutual funds intended to produce an overall investment exposure of approximately 84% stocks and 16% bonds.

\$ _____ , _____ . _____
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 Maryland 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 Maryland 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 Maryland 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 Maryland ABLE account or that the Beneficiary of the Maryland 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)

