

### Important information about this form:

- Use this form to make an indirect rollover from a 529 College Savings account into a Maryland 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 In an indirect rollover, the withdrawn 529 College funds are given to the 529 College Savings Account Owner and then deposited by such Account Owner into the Maryland ABLE account.
- You must deposit the amount you want to qualify as a rollover into the Maryland 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 [MarylandABLE.org](https://MarylandABLE.org) or use an **Enrollment Form** before this form is completed.
- ABLE accounts are subject to a Maximum Annual Contribution Limit. 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 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** (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 \$5 minimum and an annual rollover limit (less the amounts previously contributed by any person to the ABLE account that counts against the standard annual limit) for an ABLE account. Contributions over the allowed amount will be rejected in their entirety.<sup>[1]</sup><sub>SEP</sub>

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 Maryland State ABLE.

### 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 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** This  
 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**

## 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 Alabama ABLE Program 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 Maryland ABLE 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 Maryland ABLE account or that the Beneficiary of the Maryland 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 Maryland ABLE with a statement that certifies the principal and earnings breakdown of the assets transferred. I further understand that until such statement is provided, the Maryland ABLE 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)