



### 3. Instructions for Rollover from another ABLE plan

- Please provide information about the current ABLE plan from which the assets are being moved.
- We will contact the current ABLE plan or custodian to send the funds to us. Please ask the current ABLE plan if this request requires a signature guarantee, and if so, complete **Section 6**.
- You may own only one ABLE account nationwide. Therefore, if you are moving assets from an account you own in another ABLE plan to an account in NY ABLE, the account in the other ABLE plan must be closed.
- The rollover proceeds will be invested according to the standing allocation instructions on file at the time the assets are received. If you have not established an account, the assets will be invested according to what you choose on the **Enrollment Form**. Please contact the program manager or custodian of the account from which assets are being withdrawn for a proper mailing address.

Account Number of the current ABLE plan

Account Number of the current ABLE plan

Name of the current ABLE plan

Name of the current ABLE plan

Full Name of the current ABLE plan (If applicable)

Full Name of the current ABLE plan (If applicable)

Address

Address

City

City

State

State

Zip Code

Zip Code

Telephone Number

Telephone Number

#### Roll over assets in the current ABLE plan to a NY ABLE account.

Current Account Number

Current Account Number

Rollover Amount

Rollover Amount

### 4. Instructions for Direct Rollovers from a 529 plan

- Please provide information about the current 529 plan from which the assets are being moved.
- We will contact the current 529 plan to send the funds to us. Please ask the current 529 plan if this request requires a signature guarantee, and if so, complete **Section 6**.
- The rollover proceeds will be invested according to the standing allocation instructions on file at the time the assets are received. If you have not established an account, the assets will be invested according to what you choose on the **Enrollment Form**. Please contact the program manager of the account from which assets are being withdrawn for a proper mailing address.

Account Number of the current 529 plan account

Account Number of the current 529 plan account

Name of the current 529 plan account

Name of the current 529 plan account

Address

Address

City

City

State

State

Zip Code

Zip Code

Telephone Number

Telephone Number

#### Roll over assets in the current 529 plan to a NY ABLE account. (Important: funds rolled over from a 529 Plan to a NY ABLE account are subject to the yearly contribution maximum).

Current NY ABLE Account Number

Current NY ABLE Account Number

Rollover Amount

Rollover Amount

**5. Signature — YOU MUST SIGN BELOW**

- I certify that I have read and understand, consent, and agree to all the terms and conditions of the Disclosure Booklet as they relate to this incoming rollover request.
- If I am rolling over assets from another qualified ABLE plan account, I authorize NY ABLE or its designee to roll over assets into NY ABLE according to the instructions above.
- If I am a Parent, Guardian, or an Authorized Individual, I certify that I am authorized to act on behalf of the Account Owner in making this request and that this request is in the best interest of the Account Owner.
- By signing below, I certify that there has not been a rollover from one ABLE plan to another ABLE plan for this Account Owner during the prior 12-month period.
- If rolling over assets from another ABLE plan account owned by someone other than me to my NY ABLE account, I certify that the account in the other ABLE plan is owned by an eligible individual who qualifies as a "Member of the Family."
- If I am rolling over assets from a 529 plan account owned by someone other than me, to my NY ABLE account, I certify that either I or a "Member of the Family" (as defined in Section 529 of the Internal Revenue Code) is the beneficiary of the account in the 529 plan.
- I understand that the program manager of the account from which assets are being withdrawn is responsible for providing NY ABLE with a statement certifying the breakdown of contributions and earnings of the amount transferred. I further understand that until such statement is provided, NY ABLE will treat the entire contribution as earnings.
- I understand that a rollover that does not meet the conditions set forth in the Disclosure Booklet and this form may result in the earnings portion of the contribution being considered a non-qualified withdrawal subject to federal income tax and an additional 10% federal tax penalty, and may be subject to state or local income tax.

**If the current qualified ABLE or 529 plan manager of the account from which assets are being withdrawn requires a Medallion Signature Guarantee, do not sign here. Please go to Section 6.**

SIGNATURE

Signature of NY ABLE or 529 Account Owner, Parent/Guardian or Authorized Individual

□□ — □□ — □□□□

Date (mm/dd/yyyy)

SIGNATURE

Signature of Co-Authorized Individual (Only if applicable)

□□ — □□ — □□□□

Date (mm/dd/yyyy)

**6. Medallion Signature Guarantee — IF APPLICABLE**

**(Only applicable if the current qualified ABLÉ or 529 plan manager of the account from which the assets are being transferred requires a Medallion Signature Guarantee – please check with your current qualified ABLÉ or 529 plan manager. The lack of a required Signature Guarantee could delay this rollover.)**

- You must provide the following information as underwritten certification that your signature is genuine.
- You can obtain a Medallion Signature Guarantee from an authorized officer of a bank, broker, or other qualified financial institution. A notary public cannot provide a Medallion Signature Guarantee, nor can you guarantee your own signature.
- **Do not sign below until you are in the presence of the authorized officer providing the Medallion Signature Guarantee.**

I certify that the information provided on this form is true and complete in all respects, and that I have read and understand, consent, and agree to all the terms and conditions of the Disclosure Booklet.

SIGNATURE

Signature of Account Owner that owns the funds in the current ABLÉ or 529 plan

Signature of Co-Authorized Individual *(Only if applicable)*

Signature Guarantor

Title

Name of Institution

□□ – □□ – □□□□

Date *(mm/dd/yyyy)*

**Authorized Officer to place stamp here**

**7. Authorization and acceptance** *(No Account Owner action is necessary in this section.)*

NY ABLÉ hereby agrees to accept the rollover described herein and upon receipt will deposit the proceeds in the account established on behalf of the Account Owner named herein.



**Authorized signature, NY ABLÉ**

**INSTRUCTIONS TO ABLÉ OR 529 PLAN OR CUSTODIAN**

Send redemption proceeds by check to **NY ABLÉ, P.O. Box 55087, Boston, MA 02205**. Make the check payable to **NY ABLÉ**. Include the Account Owner name and the NY ABLÉ account number *(if provided)* on the check and enclose a statement that shows the principal and earnings in the account.