

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 NY ABLE Disclosure Booklet and Participation Agreement (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 (as defined in Section 529A of the Internal Revenue Code)."
- 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- I understand that the program manager of the account from which assets are being withdrawn is responsible for providing NY ABLE with a statement certifying the breakdown of contributions and earnings of the amount transferred.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 you are requesting to roll assets into your NY ABLE account from another qualified ABLE or 529 plan account owned by you, that account owner from which assets are being withdrawn must sign below. If the current plan manager or custodian of the account from which assets are being withdrawn requires a Medallion Signature Guarantee, do not sign here.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 Account Owner, Parent/Guardian or Authorized Individual

□□ — □□ — □□□□

Date (mm/dd/yyyy)

SIGNATURE

Signature of Co-Authorized Individual (Only if applicable)

□□ — □□ — □□□□

Date (mm/dd/yyyy)

If you are requesting to roll assets into your NY ABLE account from another qualified ABLE or 529 plan account not owned by you, that account owner from which assets are being withdrawn must sign below. If the current plan manager or custodian of the account from which assets are being withdrawn requires a Medallion Signature Guarantee, do not sign here. Please go to Section 5.

SIGNATURE

Signature of Account Owner in other qualified ABLE or 529 plan from which assets are being withdrawn

□□ — □□ — □□□□

Date (mm/dd/yyyy)

6. Medallion Signature Guarantee — IF APPLICABLE

(Only applicable if the current qualified ABLE 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 ABLE 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 ABLE 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 ABLE 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 ABLE

INSTRUCTIONS TO ABLE OR 529 PLAN OR CUSTODIAN

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