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Colorado ABLE

Incoming Rollover Form

- Use this form to initiate a Rollover from another qualified ABLE or 529 plan to an existing Colorado ABLE Account. *(If you have not established an Account, you must also complete and enclose an **Enrollment Form** or enroll online at **coloradoable.org**.)*
- An Account Owner may only have an account in one ABLE program nationwide. Please ensure the account in the other ABLE plan is closed (if applicable) once the assets are transferred.
- Rollovers are restricted to once per 12 month period.
- You may roll all or part of the assets from a 529 plan account into a Colorado ABLE Account for the same beneficiary or a "Member of the Family" of the 529 plan beneficiary as defined by the 529 plan within 60 days of withdrawal. The amount of the rollover - combined with any contributions you have made to this ABLE account in the current year - cannot exceed the annual maximum contribution limit, currently $20,000. Additional contribution of earned income may be allowable above this $20,000 limit, please consult the Plan Disclosure Booklet for more information.
- If I am rolling over assets from another ABLE plan, all assets in that plan must be rolled into Colorado ABLE. Any contributions made to one or both plans for the current year cannot exceed the Account Balance Limit.

1.888.609.3468
8 a.m. to 5 p.m. MT M-F

coloradoable.org

clientservice@coableonline.com

Regular mailing address:
Colorado ABLE
P.O. Box 219431
Kansas City, MO 64121

Overnight mailing address:
Colorado ABLE
1001 E 101st Terrace, Suite 200
Kansas City, MO 64131

- Type or print clearly, printing in capital letters and black ink. Please mail the form to the Plan. Do not staple.

Forms can be downloaded from our website at **coloradoable.org**, or you can call us to order any form — or request assistance in completing this form — at **1.888.609.3468** any business day from 8 a.m. to 5 p.m. MT.

1. Rollover type

☐ Roll assets directly from my other qualified ABLE plan. (Complete **Sections 2, 3** and **4**)

☐ Roll assets directly into my Colorado ABLE Account from an account in another ABLE plan that is currently owned by my Sibling. That individual will be required to sign this Form in **Section 4**.
(Complete **Sections 2, 3** and **4**)

☐ Roll assets directly from my 529 plan to my ABLE Account. (Complete **Sections 2, 3** and **4**)

☐ Roll assets directly from a 529 plan account to a Colorado ABLE Account that is currently owned by an Eligible Individual who qualified as a "Member of the Family" (as defined in Section 529). That individual will be required to sign this form in **Section 4** as authorization for the current 529 plan to rollover the assets. (Complete **Sections 2, 3** and **4**)

COLORADO ABLE ROLLOVER IN

2. Colorado ABLE Account information

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Account Number *(If you have not established an account, also complete and enclose an **Enrollment Form.**)*

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Social Security or Taxpayer Identification Number ***(Required)***

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4. Signature — YOU MUST SIGN BELOW

- I certify that I have read and understand, consent, and agree to all the terms and conditions of the Colorado ABLE Plan Disclosure Booklet as they relate to this incoming Rollover request.
- By signing below, I authorize Colorado ABLE or its designee to roll over assets into Colorado ABLE according to the instructions above.
- If I am 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 or 529 plan to another ABLE plan for this Account Owner during the preceding 12-month period.
- If rolling over assets from another qualified ABLE plan account owned by someone other than me, to my Colorado ABLE account, I certify that the account in the other ABLE plan is owned by a Sibling.
- If rolling over assets from a 529 plan owned by someone other than me to my Colorado ABLE account, I certify that the account in the 529 plan is owned by a person who qualifies as a "Member of the Family" (as defined in Section 529).
- If I am requesting a direct rollover, by signing below I, or my Sibling, authorize the current plan manager or custodian to liquidate the account identified in **Section 3** and roll over the assets into the Colorado ABLE Account indicated in **Section 2** of this Form. I understand a signature guarantee may be required in **Section 5**.
- I understand that the program manager or custodian of the account from which assets are being withdrawn is responsible for providing Colorado ABLE with a statement certifying the breakdown of contributions and earnings of the amount transferred. I further understand that until such statement is provided, Colorado ABLE will treat the entire deposit as earnings.
- I understand that a Rollover not meeting these conditions may result in the earnings portion of the deposit being considered a Non-Qualified Withdrawal subject to Federal Penalty Tax, and may be subject to state or local income tax.

If the current qualified ABLE or 529 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 Colorado ABLE Account Owner/Authorized Individual

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Date *(mm/dd/yyyy)*

SIGNATURE

Signature of Additional Authorized Individual *(Only if applicable)*

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Date *(mm/dd/yyyy)*

If you are requesting to roll assets into your Colorado 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

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Date *(mm/dd/yyyy)*

5. Medallion Signature Guarantee — IF APPLICABLE

(Only applicable if the current qualified ABLE or 529 plan manager or custodian of the account from which the assets are being redeemed requires a Medallion Signature Guarantee - please check with your current qualified ABLE or 529 plan manager or custodian. 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 herein 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 Colorado ABLE Plan Disclosure Booklet.

SIGNATURE

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

Signature Guarantor

Title

Name of Institution

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Date *(mm/dd/yyyy)*

Authorized Officer to place stamp here

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

Colorado 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, Colorado ABLE

INSTRUCTIONS TO ABLE or 529 PLAN OR CUSTODIAN

Send redemption proceeds by check to **Colorado ABLE, P.O. Box 219431, Kansas City, MO 64121**. Make the check payable to **Colorado ABLE**. Include the Account Owner name and the Colorado ABLE Account number *(if provided)* on the check and enclose a statement that shows the principal and earnings of the amount being transferred.