



## Arkansas ABLE Incoming Rollover Form

- Use this form to initiate a rollover from another qualified ABLE or 529 plan to an existing Arkansas ABLE account. *(If you have not established an account, you must also complete and enclose an **Enrollment Form** or enroll online at [ar.savewithable.com](http://ar.savewithable.com).)*
- 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.
- Account rollovers are restricted to once per 12 month period.
- You may roll all or part of the assets from a 529 plan account into an Arkansas 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 \$15,000. Additional contribution of earned income may be allowable above this \$15,000 limit, please consult the Plan Disclosure Statement for more information.
- If I am rolling over assets from another ABLE plan, all assets in that plan must be rolled into Arkansas ABLE. Any contributions made to one or both plans for the current year cannot exceed the maximum contribution limit.
- 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 [ar.savewithable.com](http://ar.savewithable.com), or you can call us to order any form — or request assistance in completing this form — at **1.888.609.8874** any business day from 8 a.m. to 5 p.m. ET.

 **1.888.609.8874**  
8 a.m. to 5 p.m. ET M-F

 **ar.savewithable.com**

 **ar.clientservice@savewithable.com**

Regular mailing address:

**Arkansas ABLE**  
**P.O. Box 219092**  
**Kansas City, MO 64121**

Overnight mailing address:

**Arkansas ABLE**  
**920 Main Street, Suite 900**  
**Kansas City, MO 64105**

### 1. Rollover type

- Roll assets directly from my other qualified ABLE plan. (Complete **Sections 2, 3** and **4**)
- Roll assets directly into my Arkansas ABLE account from an account in another ABLE plan that is currently owned by my sibling who qualifies as a "Member of the Family." 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 an Arkansas ABLE account that is currently owned by an eligible individual who qualified as a "Member of the Family." That individual will be required to sign this form in **Section 4** as authorization for the current ABLE plan to rollover the assets. (Complete **Sections 2, 3** and **4**)



\* AR ABLE ROLLOVER IN \*

## 2. Arkansas ABLE account information

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

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

Social Security or Taxpayer Identification Number (Required)

Social Security or Taxpayer Identification Number (Required)

Name of Account Owner (first, middle initial, last)

Name of Account Owner (first, middle initial, last)

Telephone Number

Telephone Number

## 3. Instructions for Direct Rollovers

- Please complete the section below with information about the current ABLE or 529 plan from which the assets are being moved.
- We will contact the current ABLE or 529 plan or custodian to send the funds to Arkansas ABLE.
- Please ask the current ABLE or 529 plan or custodian if this request must be signature guaranteed and if so, complete **Section 5**.
- You may only own one ABLE account nationwide. Therefore, if you are moving assets from an account you own in another ABLE plan to an account in Arkansas ABLE, the entire value of the other ABLE account must be transferred and the account in the other ABLE plan must close.
- If you are moving assets from a 529 plan, the amount of the rollover - combined with any contributions you have made to an Arkansas ABLE account in the current year - cannot exceed the annual maximum contribution limit, currently \$15,000. Additional contribution of earned income may be allowable above this \$15,000 limit, please consult the Plan Disclosure Statement for more information.
- 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 or 529 plan

Account Number of the current ABLE or 529 plan

Name of the current ABLE or 529 plan or custodian (Usually a financial institution)

Name of the current ABLE or 529 plan or custodian (Usually a financial institution)

Full Name of the current ABLE or 529 plan (If applicable)

Full Name of the current ABLE or 529 plan (If applicable)

Address

Address

City

City

State

State

Zip Code

Zip Code

Telephone Number

Telephone Number

### Roll over assets in the current ABLE or 529 plan to Arkansas ABLE.

Current Account Number

Current Account Number

Estimated Account Value

Estimated Account Value

Current Year Contributions

Current Year Contributions

**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 Arkansas ABE Disclosure Documents as they relate to this incoming rollover request.
- By signing below, I authorize Arkansas ABE or its designee to roll over assets into Arkansas ABE according to the instructions above.
- As 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 ABE or 529 plan to another ABE plan for this Account Owner during the prior 12-month period.
- If rolling over assets from another qualified ABE plan account owned by someone other than me, to my Arkansas ABE account, I certify that the account in the other ABE plan is owned by someone other than me and qualifies as a "Member of the Family."
- If rolling over assets from a 529 plan owned by someone other than me to my Arkansas ABE account, I certify that the account in the 529 plan is owned by a person who qualifies as a "Member of the Family" under the statute governing the 529 plan.
- If I am requesting a direct rollover, by signing below I, or my sibling, authorize the current plan manager or custodian to liquidate the investment identified in **Section 3** and roll over the assets into the Arkansas ABE 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 Arkansas ABE with a statement certifying the breakdown of contributions and earnings of the amount transferred. I further understand that until such statement is provided, Arkansas ABE 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 income tax and an additional 10% federal tax, and may be subject to state or local income tax.

**If the current qualified ABE 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 Arkansas ABE Account Owner/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 Arkansas ABE account from another qualified ABE 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 ABE or 529 plan from which assets are being withdrawn

□□ — □□ — □□□□

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 Arkansas ABLE Disclosure Documents.

SIGNATURE

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

Signature Guarantor

Title

Name of Institution


□□ — □□ — □□□□

Date (mm/dd/yyyy)

**Authorized Officer to place stamp here**

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

Arkansas 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, Arkansas ABLE**

**INSTRUCTIONS TO ABLE or 529 PLAN OR CUSTODIAN**

Send redemption proceeds by check to **Arkansas ABLE, P.O. Box 219092, Kansas City, MO 64121**. Make the check payable to **Arkansas ABLE**. Include the Account Owner name and the Arkansas ABLE Account number *(if provided)* on the check and enclose a statement that shows the principal and earnings of the amount being transferred.