

IABLE Affidavit for Distribution of Account

IABLE determines approved usage of this Affidavit based on the account value and the circumstances. Accounts will not be distributed under this Affidavit until 180 days after the death of the Account Owner. This Affidavit must be notarized.

I, _____, being duly sworn upon his/her oath, submit the following:

1. The Account Owner's is _____ (the "Deceased"), who died on _____, 20_____. Include a copy of the death certificate.
2. The value of the Deceased's account to be distributed by Will or intestate succession is, or has been at any time since death, \$50,000 or less.
3. There is no probate estate for the Deceased currently pending with a court.
4. I affirm the following (please mark an "x" next to the selection that matches how the Deceased's estate was distributed, and include necessary attachments):

___ **Will:** Account Owner had a Will and the Will was filed with a court. Attached is a list of the beneficiaries who are entitled to a portion of the claim according to the deceased owner's probated will (the "Beneficiaries"). If the decedent had a will, a court stamped copy of the will must be included with this affidavit if not already provided.

___ **No Will:** Account Owner died without a Will and no documents were ever filed with a court regarding distribution of the Account Owner's account. Attached is a list of the individuals entitled to the Deceased's account (the "Beneficiaries") according to intestate law. (See *Iowa Code Chapter 633*)

5. The persons listed on the attached chart are the Beneficiaries to receive the Deceased's account. No Beneficiary is under a legal disability, unless noted on the chart.
6. Creditors of the Deceased, if any, will be paid to the extent of funds received pursuant to this Affidavit.
7. No persons other than those named on the attached chart have a right to the account. No debt is owed to the Department of Health and Human Services or any other agency for reimbursement of Medicaid benefits, and no taxes are owed to the Department of Revenue or any other agency, or if either debt is owed, the debt will be paid to the extent of funds received pursuant to this affidavit. *
* *IABLE accounts are only subject to repayment of Medicaid benefits in limited circumstances, and such claims will be paid by the Iowa ABLE Savings Plan Trust. For questions about your specific circumstances, please contact the Deceased's public benefits specialist.*
8. The undersigned requests that the IABLE account be paid to the Beneficiaries named on the attached chart. The Beneficiaries are the proper persons to receive the account for purposes of paying final expenses and debts, and to facilitate distribution, if necessary.

I certify under penalty of perjury and pursuant to the laws of the State of Iowa that this affidavit is true and correct.

x _____
Signature of affiant

State of _____ }

County of _____ }

This record was sworn and subscribed to before me on _____, 20_____.

x _____
Signature of Notary Public

My commission expires: _____

[Notary Stamp/Seal]

Beneficiary Information <i>(Include as much information as you can about Beneficiaries other than yourself. I/Able will verify information with the other named Beneficiaries)</i> *Be sure to include an additional page with this table for each additional Beneficiary	
Beneficiary Name:	
Relationship to Deceased:	
Address:	
Phone Number:	
Social Security Number:	
Is Beneficiary under a legal disability?	