




IAble Estate Distribution Form

Use this form to request a distribution(s) from an IAble Account after the death of the Account Owner named in **Section 1**.

- This form must be completed by the executor or Administrator of the Account Owner's estate, or the person or representative of an entity that has signed an IAble Affidavit for Distribution of Account to distribute the deceased Account Owner's account.
- All Sections of this form must be completed and notarized. The form will not be processed if it is incomplete or missing any required attachments.
- Submit the completed, notarized form, along with these required documents.
 1. a copy of the Account Owner's death certificate; and
 2. either:
 - a. an IAble Affidavit for Distribution of Account completed by the person executing this form, or
 - b. a copy of the relevant court document(s) recognizing the person completing this form as the executor or administrator of the Account Owner's estate.
- After the completed form and accompanying documents have been received by IAble, assets from the Account will be distributed after at least 180 days have passed since the date of the Account Owner's death and:
 1. Any outstanding Qualified Disability Expenses have been paid, including funeral and burial expenses; and
 2. Any required state Medicaid recovery claims have been paid by the Iowa ABLE Savings Plan Trust.
- For more information about Medicaid recovery in Iowa for IAble accounts, see the Program Disclosure Booklet.
- If there is a Successor Account Owner named on the Account, the Plan will notify the person or entity completing this form.
- Distribution from the Account may have federal or state tax consequences. Please review the [Plan Disclosure Booklet](#), which is available on the Plan website at **www.iable.gov** for more information on the distribution or transfer of funds following the death of the Account Owner.
- Consult with a tax or legal advisor regarding the implications of requesting a distribution from an IAble Account using this form.
- After distribution is completed, the Account will be permanently closed.
- Capitalized terms used in this form, but not defined in this form, have the meanings provided in the Plan Disclosure Booklet.
- Type or print clearly, printing in capital letters and black ink. Please mail the form to IAble. Do not staple.

Forms can be downloaded at **IAble.gov**, or you can call IAble to order any form—or request assistance in completing this form—at **1.888.609.8910** any business day from 8 a.m. to 5 p.m. CT.

 **1.888.609.8910**
8 a.m. to 5 p.m. CT M-F

 **IAble.gov**

 **ia.clientservice@savewithable.com**

Regular mailing address:

IAble
P.O. Box 219825
Kansas City, MO 64121

Overnight mailing address:

IAble
1001 E 101st Terrace, Suite 200
Kansas City, MO 64131

1. Account information (all fields required)

Account Number

Account Owner's Legal First Name

Account Owner's Legal Last Name

2. Estate Executor or Administrator or IAble Affidavit for Distribution of Account Affiant Information

Executor/Administrator/IAble Affidavit Affiant Legal First Name

Executor/Administrator/IAble Affidavit Affiant Legal Last Name

Telephone Number

Mailing Address

City State Zip Code

Email Address

3. Distribution Instructions

Assets in the IAble Account will be distributed by check only and will include the remaining Account balance after any outstanding Qualified Disability Expenses have been paid, including funeral and burial expenses, and after any required state Medicaid recovery claims have been paid by the Iowa ABLE Savings Plan Trust.

Payable To

Contact Name

Memo Line

Mailing Address

City State Zip Code

4. INFORMATION, CERTIFICATIONS, & SIGNATURE:

I certify that I, the undersigned, am legally authorized to request this distribution from the IAble Account for the Account Owner named on this Form and that all information provided by me on this Form or provided separately in association with this Form is true and accurate to the best of my knowledge.

Following the death of the Account Owner, I have been appointed the executor or administrator of the Account Owner's estate or I am the person or representative of an entity who has signed an IAble Affidavit for Distribution of Account to distribute the Account Owner's property.

I have read and understand the information provided on this form regarding the use of this Form.

I understand and agree that I have not received any legal or benefits advice from IAble and/or any of the Plan Administrators.

I expressly assume responsibility for any consequences that may arise from this distribution, and I agree that none of the Plan Administrators shall in any way be held responsible for any outcome resulting from this distribution of funds from the Account of the Account Owner named on this form.

I understand that amounts in the Account Owner's IAble Account are includible in the Account Owner's gross estate for purposes of federal estate tax.

I expressly assume responsibility for any tax or claims related to the funds that are part of this distribution.

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