



IL ABLE

Incoming Indirect Rollover Form

- Use this form to contribute to the IL ABLE Account by Indirect Rollover from another ABLE account or a Section 529 Education Savings Plan using a check. An Indirect Rollover occurs when assets are withdrawn from an ABLE or Section 529 Education Savings Plan account by check or EFT, and subsequently contributed to an ABLE account within 60 days of the withdrawal date. (To initiate an Indirect Rollover by EFT, contact the Plan).
- Do not use this form to initiate an incoming Direct Rollover from another ABLE plan or a Section 529 Education Savings Plan. Please complete and submit an Incoming **Direct Rollover Form** instead.
- An Indirect Rollover from another ABLE account can only come from: (1) the Account Owner's account in another ABLE program; or (2) a Sibling's ABLE account.
- For Indirect Rollovers between the same Account Owner: (i) the entire balance of the preexisting ABLE account must be withdrawn and subsequently contributed in whole or in part to the IL ABLE Account, (ii) the Indirect Rollover must be completed and the preexisting ABLE account closed within 60 days of the date the Rollover assets were withdrawn from the preexisting ABLE account, and (iii) an Indirect Rollover may only take place once in any 12-month period.
- A Section 529 Education Savings Plan Rollover can come from all or part of the assets of a Section 529 Education Savings Plan. The designated beneficiary of the Section 529 Education Savings Plan account must be the ABLE Account Owner or a "member of the family" (as defined in Section 529) of the ABLE Account Owner. For a transfer from a Section 529 Education Savings Plan to be treated as an indirect Section 529 Education Savings Plan Rollover, the assets must be withdrawn and contributed to the receiving ABLE account within 60 days.
- Account Owners and/or their Authorized Individuals should carefully review the information in the Plan Disclosure Booklet related to Indirect Rollovers and Section 529 Education Savings Plan Rollovers, as well as the potential consequences related to a transfer of assets that does not meet the Rollover conditions described in the Plan Disclosure Booklet.
- **Important:** Contributions to the Asset Allocation Options will be available for withdrawal after 5 to 6 business days or 15 calendar days following a change to bank information. Contributions to the Checking Account Option will be available for withdrawal after 6 or 7 business days.
- Capitalized terms used in this form but not defined in the 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 the Plan. Do not staple.

Note: This contribution will be invested according to the standing allocation instructions on file for the Account at the time this form is received in good order. Standing allocation instructions can be updated online by logging into the Account or by completing the Investment Option Change Form.

Forms can be downloaded from our website at **illinoisable.com**, or you can call Customer Service to request any form — or request assistance in completing this form — at **1.888.609.8683** any business day from 8 a.m. to 5 p.m. CT.

 **1.888.609.8683**
8 a.m. to 5 p.m. CT M-F

FAX 1.617.559.8927

 **illinoisable.com**

 **il.clientservice@savewithable.com**

Regular mailing address:

IL ABLE
P.O. Box 219420
Kansas City, MO 64121

Overnight mailing address:

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

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Account Number (Include the ILABLE Account number on the check).

[illegible]

Account Owner's Legal First Name

(M.I.)

[illegible]

Account Owner's Legal Last Name

$$\boxed{}\boxed{}\boxed{} - \boxed{}\boxed{}\boxed{} - \boxed{}\boxed{}\boxed{}\boxed{}$$

Telephone Number used for the Account

☐ Indirect Rollover from the Account Owner's ABLE account in another plan into the Account Owner's IL ABLE Account. (Complete **Section 3A** and **Section 4**)

☐ Indirect Rollover from a Sibling's ABLE account in another plan or this Plan into the Account Owner's IL ABLE Account.
(Complete **Section 3A** and **Section 4**)

☐ Indirect Section 529 Education Savings Plan Rollover from the Account Owner's Section 529 Education Savings Plan into the Account Owner's IL ABLE Account. (Complete **Section 3B** and **Section 4**)

☐ Indirect Section 529 Education Savings Plan Rollover from a Section 529 Education Savings Plan account in which the beneficiary of the Section 529 Education Savings Plan is a "member of the family" (as defined by Section 529) of the ABLE Account Owner. (Complete **Section 3B** and **Section 4**)

A. For an Indirect Rollover from the Account Owner's or a Sibling's ABLE account: Provide principal (basis) and earnings information below. Alternatively, along with the check payable to the Plan, you may include a statement from the former ABLE plan showing the principal (basis) and earnings portion of the amount transferred. If principal (basis) and earnings information is not provided in the section below, or by the former ABLE plan, the entire amount will be treated as earnings.

\$. .

Amount of Rollover

\$ _____.

Principal (Basis)

\$. .

Earnings

B. Required for Indirect Rollovers between ABLE accounts of the same Account Owner: The Plan is required to account for current year contributions and investment option changes made in the preexisting ABLE account. Please provide that information below.

\$

Current Year Contribution Amount

Number of current year investment option changes (check the appropriate box below)

9

Zero

9

One

11

Two

C. Indirect Section 529 Education Savings Plan Rollover: Provide principal (basis) and earnings information below. Alternatively, along with the check payable to the Plan, you may include a statement from the Section 529 Education Savings Plan showing the principal (basis) and earnings portion of the amount transferred. If principal (basis) and earnings information is not provided in the section below or by the Section 529 Education Savings Plan, the entire amount will be treated as earnings. Rollovers from a Section 529 Education Savings Plan are subject to both the Annual Contribution Limit and the Account Balance Limit for Contributions. Rollover contributions that cause an Account to exceed these limits will be rejected.

\$ _____.

Amount of Rollover

\$ _____

Principal (Basis)

\$, .

Earning

4.

- All information provided by me on this form is true and correct and may be relied upon by the Plan Administrators.

Account Owner Name OR Authorized Individual (First, Middle Initial, Last)

Signature of Account Owner or Authorized Individual

Date (mm/dd/yyyy)

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