

3. Instructions for Direct Rollovers

- Please provide information about the current ABLE plan from which the assets are being moved.
- We will contact the current ABLE plan or custodian to send the funds to us. Please ask the current ABLE plan or custodian if this request must be signature guaranteed and if so, complete **Section 6**.
- 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 INvestABLE Indiana, the account in the other ABLE plan must close.
- 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 Please contact the program manager or custodian of the account from which assets are being withdrawn for a proper mailing address.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 plan

Account Number of the current ABLE plan

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

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

Full Name of the current ABLE plan (If applicable)

Full Name of the current ABLE plan (If applicable)

Address

Address

City

City

State

State

Zip Code

Zip Code

Telephone Number

Telephone Number

Roll over all of the assets in the current ABLE plan to INvestABLE Indiana.

Current Account Number

Current Account Number

Estimated Account Value

Estimated Account Value

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 INvestABLE Indiana Disclosure Documents as they relate to this incoming rollover request.
- By signing below, I authorize INvestABLE Indiana or its designee to roll over assets into INvestABLE Indiana 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 ABLÉ plan to another ABLÉ plan for this Account Owner during the prior 12-month period.
- If rolling over assets from another qualified ABLÉ plan account owned by someone other than me, to my INvestABLE Indiana account, I certify that the account in the other ABLÉ plan is owned by my sibling that qualifies as a "Member of the Family."
- If I am requesting a direct rollover, by signing below I or my sibling, authorize the current qualified ABLÉ plan manager or custodian to liquidate the investment identified in Section 3 and roll over the assets into the INvestABLE Indiana 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 INvestABLE Indiana with a statement certifying the breakdown of contributions and earnings of the amount transferred. I further understand that until such statement is provided, INvestABLE Indiana 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 ABLÉ 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 INvestABLE Indiana 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 INvestABLE Indiana account from another qualified ABLÉ plan account not owned by you, that account owner from which assets are being withdrawn must sign below. If the current qualified ABLÉ 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 ABLÉ plan from which assets are being withdrawn

□□ — □□ — □□□□

Date (mm/dd/yyyy)

5. Medallion Signature Guarantee — IF APPLICABLE

(Only applicable if the current qualified ABLE 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 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 INvestABLE Indiana Disclosure Documents.

SIGNATURE

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

Signature Guarantor

Signature Guarantor

Title

Title

Name of Institution

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.)*

INvestABLE Indiana 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, INvestABLE Indiana

INSTRUCTIONS TO 529 PLAN OR CUSTODIAN

Send redemption proceeds by check to **INvestABLE Indiana, P.O. Box 219342, Kansas City, MO 64121**. Make the check payable to **INvestABLE Indiana**. Include the Account Owner name and the INvestABLE Indiana Account number *(if provided)* on the check and enclose a statement that shows the principal and earnings in the Account.