



MONTANA ABL

Montana ABL

Incoming Rollover Form

- Use this form to initiate a rollover from another qualified ABL plan to an existing Montana ABL account. *(If you have not established an account, you must also complete and enclose an **Enrollment Form** or enroll online at [mt.savewithable.com](http://mt.savewithable.com).)*
- An Account Owner may only have an account in one ABL program nationwide. Please ensure the account in the other ABL plan is closed (if applicable) once the assets are transferred.
- You may roll assets from one ABL plan account to another ABL plan account for the same account owner once every 12 months.
- 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 [mt.savewithable.com](http://mt.savewithable.com), or you can call us to order any form — or request assistance in completing this form — at **1.888.609.3461** any business day from 8 a.m. to 5 p.m. MT.

1.888.609.3461  
8 a.m. to 5 p.m. MT M-F

[mt.savewithable.com](http://mt.savewithable.com)

[mt.clientservice@savewithable.com](mailto:mt.clientservice@savewithable.com)

Regular mailing address:

**Montana ABL**  
**P.O. Box 219234**  
**Kansas City, MO 64121**

Overnight mailing address

**Montana ABL**  
**920 Main Street, Suite 900**  
**Kansas City, MO 64105**

1. Rollover type

- Roll assets directly from my other qualified ABL plan. (Complete **Sections 2, 3** and **4**)
- Roll assets directly into my Montana ABL account from an account in another ABL plan that is currently owned by my sibling that qualifies as a "Member of the Family." That individual will be required to sign this Form in **Section 5** as authorization for the current ABL plan to rollover the assets to me. (Complete **Sections 2, 3** and **4**)

2. Montana ABL account information

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

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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



\* MONTANA ABL ROLLOVER IN \*

### 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 Montana ABLE, 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 Montana ABLE.

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

Montana 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, Montana ABLE**

**INSTRUCTIONS TO 529 PLAN OR CUSTODIAN**

Send redemption proceeds by check to **Montana ABLE, P.O. Box 219234, Kansas City, MO 64121**. Make the check payable to **Montana ABLE**. Include the Account Owner name and the Montana ABLE Account number *(if provided)* on the check and enclose a statement that shows the principal and earnings in the Account.