



529 ROLLOVER FORM

PLEASE READ THE IMPORTANT INFORMATION BELOW

Complete this form if you would like to rollover funds from a 529 College Savings Plan account into a STABLE Account. This form should be used if the owner of the 529 College Savings Plan account plans to withdraw funds from the 529 plan and personally send them to STABLE.

The STABLE Account Beneficiary must have already opened his or her STABLE Account prior to sending in this form. The STABLE Account can be opened online at access.stableaccount.com.

Rollover amounts are subject to annual STABLE Account contribution limits. **Your 529 rollover amount, along with any other Standard Contributions made to the applicable STABLE Account during the current tax year, cannot exceed \$15,000. (This \$15,000 Standard Contribution limit does not include additional Work Contributions a Beneficiary can make on his or her own.) Please verify the amount of current-year STABLE Standard Contributions prior to requesting a distribution from your 529 plan.** If you take a rollover withdrawal from your 529 plan that cannot be accepted by STABLE, you may be subject to tax penalties or other consequences.

In order to complete this rollover, the STABLE Account Beneficiary and the 529 account beneficiary must be either: (1) the same person, or (2) family members, as defined in 26 USC § 529(e)(2).

Type in your information and print out the completed form, or print clearly, preferably in capital letters and black or blue ink. Mail the form to the address below.

PLEASE RETURN TO:

**STABLE Account
P.O. Box 130
Columbus, OH 43216-0130**

To request assistance in completing this form, please call us at 1-800-439-1653
Monday through Friday from 9 am to 6 pm Eastern Time.

1. STABLE ACCOUNT INFORMATION



BENEFICIARY INFORMATION:

STABLE Account Number (if known)

Title Full Name of Beneficiary (First, MI, Last, Suffix)

Social Security Number

Date of Birth (mm/dd/yyyy)

*If the Beneficiary has an Authorized Legal Representative, please also complete the following information for the Representative:

AUTHORIZED LEGAL REPRESENTATIVE INFORMATION:

Title Full Name (First, MI, Last, Suffix)

Social Security Number

Date of Birth (mm/dd/yyyy)

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2. 529 COLLEGE SAVINGS PLAN ACCOUNT INFORMATION



Please provide the following information about your Rollover from a 529 College Savings Plan account:

Name of 529 College Savings Plan

Mailing Address (Street address)

City

State

Zip Code

529 College Savings Plan Account Number

Name of 529 College Savings Plan Account Owner

Relationship of 529 College Savings Plan Account
Beneficiary to STABLE Account Beneficiary

You must enclose a check made payable to **STABLE Account** for the total rollover amount, along with documentation from the distributing financial institution, and complete all the information below:

Total Rollover Amount

\$

(This amount should equal the amount of the check)

Earnings

\$

(This is the amount of your total rollover that represents earnings on the 529 College Savings Plan account. You should obtain this information from the 529 College Savings Plan.)

Please note:

Unless you provide all of the above information or documentation detailing a breakdown of earnings, the entire rollover amount will be treated as earnings and will be reported as earnings for tax purposes.

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3. SIGNATURE & AUTHORIZATION



This section must be signed by the owner of the 529 College Savings Plan.

I certify that I have read and understand the instructions and any rules or conditions relating to this rollover from my 529 College Savings Plan account to a STABLE Account and that I meet the requirements for treatment of this transaction as a rollover. I certify that the STABLE Account Beneficiary is either (1) the beneficiary of the 529 account identified herein, or (2) a Member of the Family, as defined in 26 USC § 529(e)(2), of the beneficiary of the 529 account identified herein. I understand that if I do not provide the earnings component of the rollover, the entire rollover will be tracked as earnings. I also understand that the rollover amount will count toward, and cannot cause the applicable STABLE Account to exceed, the \$15,000 annual standard contribution limit applicable to the STABLE Account. I agree that I alone am responsible for ensuring that the rollover amount is not in excess of the amount that may be contributed, taking into account any prior contributions made by any person in the current tax year, to the applicable STABLE Account. I agree that STABLE Account is not responsible for any tax or other consequences that may result from my attempts to rollover funds into a STABLE Account. I certify under the penalties of perjury that all the information provided by me on this form is true, complete, and correct.

Signature of 529 College Savings Plan Account Owner

Date