



INCOMING ABLE ROLLOVER FORM

PLEASE READ THE IMPORTANT INFORMATION BELOW

Complete this form to initiate a transfer of funds from another Qualified ABLE Plan (QAP) into an existing STABLE Account, report any contributions made this year to another QAP, or transfer funds into a sibling's established STABLE Account.

You must have a STABLE Account prior to sending in this form. If you have not established a STABLE Account you can enroll online at **access.stableaccount.com**.

Print clearly, preferably in capital letters using 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)

WHAT WOULD YOU LIKE TO DO?

Please check one box below:

A. Rollover funds from another Qualified ABLE Plan into a Beneficiary's STABLE Account
No Beneficiary may have more than one ABLE Account. If you have not already closed your old ABLE account, you have 60 days to do so. This 60-day period begins on the day you withdrew the balance from that old account.
Complete Section A below.

B. Report contributions made this year to another Qualified ABLE Plan
If you made any contributions to another QAP in the same year you established your STABLE Account, you must report those year-to-date contributions, which will be included in your annual contribution limit.
Complete Section B below.

C. Transfer funds to a sibling's established STABLE Account
A Beneficiary may receive funds transferred from another sibling's QAP provided that the sibling is an Eligible Individual who qualifies as a "Member of the Family."
Complete Section C below.

CONTINUE TO SECTION A, B or C >>>

A. ROLLOVER FUNDS FROM ANOTHER QUALIFIED ABLE PLAN

Please provide the following information about your Rollover from another QAP:

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 earned on the QAP account)

Year-to-date Contributions

\$

(This is the amount contributed this year to the QAP account)

Date of Establishment

(This is the date the other QAP account was first established)

Please note:

Unless you provide all of the above information or documentation detailing a breakdown of contributions and earnings, the entire rollover amount will be treated as earnings and will be reported as earnings for tax purposes. In addition, the first \$15,000 of the rollover amount will be treated as a current-year contribution and will count towards your annual contribution limit.

Name of Other QAP Plan

Mailing Address (Street address)
City

State

Zip Code

Other QAP Account Number**BENEFICIARY NAME ON THE OTHER QAP**

(Must be the same as the STABLE Account Beneficiary)

Title

Beneficiary Full Name (First, MI, Last, Suffix)
Social Security Number
 / /
Date of Birth (mm/dd/yyyy)

CONTINUE >>>

B. REPORT ANY CONTRIBUTIONS MADE THIS YEAR TO ANOTHER QUALIFIED ABLE PLAN

If you made any contributions to another Qualified ABLE Plan in the same year you establish a STABLE Account, you must report those year-to-date contributions, which will be counted toward your annual contribution limit.

Year-to-date Contributions

\$

*(This is the amount contributed this year to the QAP account)***Date of Establishment***(This is the date the other QAP account was first established)*

Name of Other QAP Plan

Mailing Address (Street address)

City

State

Zip Code

Other QAP Account Number
BENEFICIARY NAME ON THE OTHER QAP

(Must be the same as the STABLE Account Beneficiary)

Title

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

Social Security Number
 / /
Date of Birth (mm/dd/yyyy)

CONTINUE >>>

C. TRANSFER FUNDS TO A SIBLING'S ESTABLISHED STABLE ACCOUNT

You can rollover funds from a sibling's QAP account to a STABLE Account with proper documentation. The receiving sibling must be an Eligible Individual who qualifies as a "Member of the Family" and must have an established STABLE Account.

The receiving Beneficiary should have been entered in Section 1 above.

Please provide the sibling's QAP information below.

Name of sibling's QAP Plan

Mailing Address (Street address)

City

State

Zip Code

Sibling's QAP Account Number

SIBLING'S NAME AS OWNER OF THE OTHER QAP

Title

Sibling's Full Name (First, MI, Last, Suffix)

Social Security Number

 / /

Date of Birth (mm/dd/yyyy)

Relationship 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 earned on the QAP account)

Year-to-date Contributions

\$

(This is the amount contributed this year to the QAP account)

Date of Establishment

(This is the date the other QAP account was first established)

CONTINUE TO SIGNATURES >>>

This section must be signed by the **Current Account Administrator**.

I certify that I have read and understand, consent, and agree to all of the terms and conditions of the Plan Disclosure Statement and Participation Agreement. I have read and understand the instructions and any rules or conditions relating to this Rollover and have met the requirements for making this transaction. I understand that if a statement from a QAP manager identified in Section A, showing the contribution and earnings components of the rollover, is not received by STABLE Account, the entire rollover will be tracked as earnings and that the first \$15,000 of the rollover amount will be treated as a current-year contribution and will count toward my annual contribution limit. I certify under the penalties of perjury that all the information provided by me on this form is true, complete, and correct.

I further certify that there has not been a Program-to-Program Transfer or Rollover for the above-named Beneficiary during the prior 12-month period.

Signature of STABLE **Account Administrator***
(Authorized Legal Representative or Self-Administering Beneficiary)

Date