



Incoming Program-to-Program Transfer Request Form

Use this form when requesting a transfer of funds from another state’s qualified ABLE Program to ABLEnow.

Instructions:

1. Open the ABLEnow Account by visiting www.able-now.com.
(Note: The ABLEnow Account Owner **MUST** be the same as your current ABLE account OR if requesting a partial transfer the ABLEnow Account Owner must be in the name of a sibling who is an eligible individual and who qualifies as a “Member of the Family”).
2. Complete all sections below, sign and mail this form to your current ABLE Program listed in step 1.
3. Your current ABLE Program **MUST** provide documentation of the basis and earning portions of your transfer, or ABLEnow will treat your entire transfer balance as earnings. (See Section 3).
4. The transferred assets will be invested according to the standing allocation instructions, if applicable.

What if I have already closed my ABLE account in another state and have received the funds? If you have already received your funds from your closed ABLE account, you may be eligible to deposit these funds into an ABLEnow Account within 60 days of the withdrawal by completing the ABLEnow Account Contribution Form found at www.able-now.com.

PLEASE NOTE: You are only allowed to maintain **one** ABLE account nationwide and can only change your ABLE Program **once** every 12 months.

If you have any questions about your account or completing this form, please contact ABLEnow **Customer Service at (844) 669-2253 (M-F, 8 a.m. to 5 p.m. EST)**.

1. Current ABLE Program Information

*Required Fields

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Current ABLE Program Name and Address	*City	*State	*Zip

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*ABLE Program Telephone Number

<input type="text"/>	<input type="text"/>
*Account Owner Name (First, MI, Last)	*Account Number

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*Account Owner Social Security Number

2. ABLEnow Account Owner Information

Complete this section only if someone other than the Account Owner identified in Section 1 will own the ABLEnow Account. See transfer restrictions in Step 3.

<input type="text"/>	<input type="text"/>
*Account Owner Name (First, MI, Last)	*Account Number

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*Account Owner/ Social Security Number

<input type="text"/>	<input type="text"/>
Account Owner Day Telephone	Account Owner Email Address



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3. ABLEnow Check Remittance Information

Transfer all assets in my current ABLE account to the ABLEnow Program and close my account.

Transfer \$ _____ from my current ABLE account to the ABLEnow Account belonging to a sibling who is an eligible individual and who qualifies as a "Member of the Family" of the current Account Owner.

Make checks payable to: **PNC Bank FBO (Account Owner Name and Account Number)**

Mail check **along with a statement or letter indicating basis and earnings to:**

ABLEnow Customer Service
P. O. Box 2765
Fargo, ND 58108-2765

4. Signature

I certify that I am the undersigned and that I have the authority to make this request. I have read and understand the instructions and any rules or conditions relating to this Program-to-Program Transfer and have met the requirements for making this transaction including those found in the ABLEnow Program Description and Custodial Account Agreement. I assume full responsibility for this transaction and will not hold ABLEnow or any of its subcontractors liable for any adverse consequences that may result. I have not received tax, benefit or legal advice from ABLEnow or any of its subcontractors and, if necessary, will seek the advice of a tax, benefit or legal professional to ensure my compliance with related laws. All information provided by me is true and correct and may be relied upon by ABLEnow and PNC Bank.

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

*Account Owner/Authorized Representative Signature

*Date

Please call ABLEnow Customer Service at 1-844-NOW-ABLE (or 844-669-2253) with questions (Monday-Friday, 8 a.m. – 5 p.m. ET).