



ABLEnow Account Death Distribution Form

Please complete this form and submit with a copy of the death certificate for the Designated Beneficiary of the ABLEnow Account. If you have questions about this process or completing this form, please call ABLEnow Customer Service at 844-669-2253 (M-F, 8 a.m.-5 p.m. ET) or email to customerservice@able-now.com.

In all circumstances, you are encouraged to consult a tax advisor, your accountant, or attorney regarding this form and the ABLEnow Account.

Step 1: Designated Beneficiary Information

In this section, provide the information about the deceased Designated Beneficiary, (the "Decedent").

*Required Fields

*Designated Beneficiary Name (First, MI, Last)

*Account Number

*Date of Birth (MM/DD/YYYY)

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*Social Security Number

Step 2: Estate Information

Estate information for the Decedent must be provided in order to issue a death distribution to the Decedent's estate. Please enter the estate information, including EIN below. Death distributions from the ABLEnow Account to the Decedent's estate will be reported to the IRS on Form 1099-QA. If you have any questions or concerns, please call ABLEnow Customer Service at 844-669-2253.

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EIN**

*Address

*City

*State

*Zip Code

** An EIN must be included on this form to complete the death distribution. If you have any questions/concerns on obtaining an EIN, please contact your tax advisor, accountant or attorney.

Step 3: Authorized Signature

I certify that I am legally authorized to request a death distribution from this ABLEnow Account and that all information provided by me is true and accurate. I further certify that no tax, estate, or benefits advice has been given to me by the Custodian, ABLEnow and/or its subcontractors. I expressly assume the responsibility for any adverse consequences which may arise from this death distribution and I agree that neither ABLEnow, its subcontractors and/or the Custodian shall in any way be held responsible. I acknowledge that, following the death of the Designated Beneficiary/Account Owner, a state may file a claim against that Account Owner/Designated Beneficiary, his or her estate, or the ABLEnow Account itself for the amount of the total unpaid medical assistance provided to the Account Owner/Designated Beneficiary under that state's Medicaid plan after the establishment of the ABLEnow Account and in my capacity as the Estate Executor I expressly assume responsibility for any claims related thereto.

*Signature of Estate Executor

*Date

*Estate Executor Printed Name

* Phone Number

*Email Address

Submit the completed form with a copy of the death certificate to:
ABLEnow Customer Service, P.O. Box 2765, Fargo, ND 58108-2765
Fax: (855) 620-0827