



ABLEnow Account Death Distribution Form

Submit Completed Form, Copy of Death Certificate and Copy of the Document(s) Appointing You as the Executor/Executrix (or Administrator), of the Decedent's Estate To:

ABLEnow Customer Service
P.O. Box 2765
Fargo, ND 58108-2765
Fax: (855) 620-0827
Phone: 1-844-NOW-ABLE (1-844-669-2253)
Hours: Monday-Friday, 8:30 a.m. – 5 p.m. ET

Use this form to request an ABLEnow account be closed and the proceeds distributed because the Account Owner (Designated Beneficiary) is now deceased.

Instructions

Please complete all sections of this form and submit applicable documentation as indicated above.

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

1. Account Owner (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)

 - -

*Social Security Number

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 1-844-NOW-ABLE (1-844-669-2253).

 -

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.



ABLEnow Account Death Distribution Form

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 Virginia College Savings Plan and/or its subcontractors, including the Account Custodian. I expressly assume the responsibility for any adverse consequences which may arise from this death distribution and I agree that neither the Virginia College Savings Plan, nor its subcontractors, including the Account Custodian shall in any way be held responsible. I acknowledge that, following the death of the Designated Beneficiary/Account Owner, I have been appointed the Executor/Executrix (or Administrator), of the Designated Beneficiary/Account Owner's estate. 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. In my capacity as the Estate Executor/Executrix (or Administrator), of the Designated Beneficiary/Account Owner's estate, I expressly assume responsibility for any claims related thereto.

*Signature of Estate Executor/Executrix (or Administrator)

*Date

*Estate Executor/Executrix (or Administrator) Printed Name

* Phone Number

*Email Address