



ABLEnow Account Distribution Request and/or Account Closure Form

Submit Completed Forms 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

This form is used to request a distribution from your ABLEnow Account and/or to close your ABLEnow Account.

Instructions:

If closing your ABLEnow Account, complete Sections 1 and 2.
If requesting a Program-to-Program Transfer to another state's ABLE program, complete Sections 1 and 3.
If requesting any other type of distribution (including normal distributions and rollovers) from your ABLEnow Account, complete Sections 1 and 4.

1. Account Owner Information

*Required Fields

*Account Owner Name (First, MI, Last)

*Account Number

 - -

*Permanent Address

*Social Security Number

*City

*State

*Zip Code

*Day Telephone

*Birth Date (MM/DD/YYYY)

2. Close my ABLEnow Account (Select Only One)

Close ABLEnow Account and issue final distribution for total balance

Close ABLEnow Account, no distribution needed, account has \$0.00 balance.

3. Program-to-Program Transfer to another state ABLE program

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

Transfer \$ _____ from my ABLEnow Account and deposit it to another ABLE account belonging to a sibling who is an eligible individual and who qualifies as a "Member of the Family" of the current Account Owner indicated in Section 1 above.



ABLEnow Account Distribution Request and/or Account Closure Form

New ABLE Program Information

*Name of New ABLE Program

*ABLE Program Address

*City

*State

*Zip

ABLE Program Telephone Number

*Account Owner/ Name (First, MI, Last)

*Account Number

*Account Owner/ Social Security Number

4. Distribution Information

* Amount Requested:

- Normal Distribution *(Please select this option to request funds be distributed to you. If you have a bank account on file, the funds will be deposited to your bank account. If you do not have a bank account on file, a check will be issued to your address of record.)*

PLEASE NOTE: There is a limit of \$2,500.00 per withdrawal that is initiated via electronic funds transfer. If you request a distribution for an amount greater than \$2,500.00, a check will be issued to your address of record.

- Rollover Distribution: Please note that an Account Owner may only have an account in one ABLE program nationwide. You may roll assets from one ABLE plan account to another ABLE plan account for the same Account Owner **once every 12 months**. Assets redeemed from ABLEnow must be deposited into a new ABLE plan within 60 days of the withdrawal. You must provide documentation from ABLEnow to your new ABLE plan certifying the breakdown of contributions and earnings of the amount transferred. Until such documentation is provided, your new ABLE plan will treat the entire deposit as earnings. This breakdown will be reported on the check stub accompanying your rollover check from ABLEnow.

- Remit a check for my entire account balance to my address on record and close my account.

- Remit a check for \$_____ to my address on record.
(Check this box only if you are rolling over some of the assets from your ABLEnow Account to another ABLE account owned by someone other than you. I certify that the account in the other ABLE plan is owned by the Account Owner's sibling who is an Eligible Individual and who qualifies as a "Member of the Family")



ABLEnow Account Distribution Request and/or Account Closure Form

5. Signature

For Program to Program Transfers or Rollover Distributions to another state ABLE program

I certify that I am the undersigned and that I have the authority to make this request and that all information is true and accurate. I have read and understand the instructions and any rules or conditions relating to this Program-to-Program Transfer or Rollover Distribution 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 Virginia College Savings Plan, or any of its subcontractors, including the Account Custodian liable for any adverse consequences that may result. I have not received tax, benefit or legal advice from Virginia College Savings Plan, or any of its subcontractors, including the Account Custodian 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 the Virginia College Savings Plan and any of its subcontractors including the Account Custodian.

I certify that there has not been a Program-to-Program Transfer or Rollover Distribution from one ABLE program to another ABLE program for the above-named Account Owner during the prior 12-month period.

For all other Distribution Types

I certify that I am legally authorized to make withdrawals from this ABLEnow account and that all information provided by me is true and accurate. I further certify that no tax, benefit, or legal advice has been given to me by either Virginia College Savings Plan, or any of its subcontractors, including the Account Custodian and that I have read, understand, consent, and agree to all terms and conditions of the ABLEnow Program Description and Custodial Account Agreement and understand the rules and regulations governing withdrawals from the ABLEnow account. All decisions regarding this withdrawal and how I use it are my own. I expressly assume the responsibility for any adverse consequences which may arise from this distribution and I agree that neither Virginia College Savings Plan nor any of its subcontractors, including the Account Custodian shall in any way be held responsible.

*Signature

*Date