



Incoming Program-to-Program Transfer Request Form

Use this form when requesting a transfer of funds from another state's qualified ABLE or 529 Program to ABLEnow.

Instructions:

1. Open the ABLEnow Account by visiting www.able-now.com.
 (Note: For ABLE to ABLEnow Transfers, the **ABLEnow Account Owner MUST** be the same as your current ABLE account or must be in the name of a sibling who is an eligible individual and who qualifies as a "Member of the Family"). For 529 Account to ABLEnow Transfers, the ABLEnow Account Owner must be the 529 account's designated beneficiary or a member of the family of the 529 account's designated beneficiary (see Section 4 below for the definition)
2. Complete all sections below, sign and mail this form to your current ABLE or 529 Program listed in step 1 below.
3. Your current ABLE or 529 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 or 529 account with Virginia529 or another state and have received the funds? If you have already received your funds from your closed ABLE or 529 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, 8:30 a.m. to 5 p.m. ET).**

1. Current ABLE or 529 Program Information

*Required Fields

| | | | |
|---|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| *Current ABLE or 529 Program Name and Address | *City | *State | * Zip |

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*ABLE or 529 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



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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.

*Account Owner Name (First, MI, Last)

*Account Number

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*Account Owner/ Social Security Number

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Account Owner Day Telephone

Account Owner Email Address

3. ABLEnow Check Remittance Information

Transfer all assets in my current ABLE or 529 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.

Transfer \$ _____ from the 529 account which I own and on which the ABLEnow Account Owner is the beneficiary.

Transfer \$ _____ from the 529 which I own and on which the ABLEnow Account Owner is the beneficiary to the ABLEnow Account belonging to the 529 beneficiary's son or daughter, or a descendant of either; stepson or stepdaughter; brother, sister, stepbrother, or stepsister; father or mother, or an ancestor of either; stepfather or stepmother; a son or daughter of the 529 beneficiary's brother or sister; a brother or sister of the 529 beneficiary's father or mother; a son-in-law, daughter-in-law, father in-law, mother-in-law, brother-in-law, or sister-in-law; the spouse of the 529 beneficiary or the spouse of any individual described above; or a first cousin of the 529 beneficiary. For the purposes of this paragraph, a legally adopted child of the 529 account owner shall be treated as the child of such individual by blood. The terms "brother" and "sister" include half-brothers and half-sisters.

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 26 U.S.C. §§529 and 529A and the ABLEnow Program Description and Custodial Account Agreement. I assume full responsibility for this transaction and will not hold ABLEnow, the Account Custodian 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



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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 the Account Custodian.

I further certify that if I am transferring funds from another state's qualified ABLE program or a 529 program, by signing below I make an irrevocable election to treat this transaction as such. I certify that there has not been a rollover or Program-to-Program transfer from one ABLE program to another ABLE program for the above-named Account Owner during the prior 12-month period. If I am transferring funds from another ABLE program account owned by someone other than the above-named Account Owner, I certify that the account in the other ABLE program is owned by the above-named Account Owner's sibling who qualifies as a "Member of the Family" under Section 529A. A Member of the Family under Section 529A means the Account Owner's sibling, whether by blood or adoption, including his or her brother, sister, stepbrother, stepsister, half-brother, and half-sister. If I am transferring funds from a 529 account whose designated beneficiary is different than the owner of the ABLE account receiving those assets, I certify that the ABLE account is owned by a person who is a Member of the Family the 529 account's designated beneficiary. A member of the family of the 529 account's designated beneficiary includes the 529 beneficiary's son or daughter, or a descendant of either; the 529 beneficiary's stepson or stepdaughter; brother, sister, stepbrother, or stepsister; father or mother, or an ancestor of either; stepfather or stepmother; a son or daughter of brother or sister; a brother or sister of the 529 beneficiary's father or mother; a son-in-law, daughter-in-law, father in-law, mother-in-law, brother-in-law, or sister-in-law; the spouse of the 529 beneficiary or the spouse of any individual described above; or a first cousin of the 529 beneficiary. For the purposes of this paragraph, a legally adopted child of the 529 beneficiary shall be treated as the child of such individual by blood. The terms "brother" and "sister" include half-brothers and half-sisters.

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, 8:30 a.m. – 5 p.m. ET).