



Incoming Program-to-Program Transfer Request Form

Submit Completed Forms To:

Your Current ABLE or 529 Program Provider as Listed in Section 1 Below.

Questions or Assistance

ABLEnow Customer Service

P.O. Box 2765

Fargo, ND 58108-2765

Fax: (855) 620-0827

Phone: 1-844-NOW-ABLE (1-844-669-2253)

Online: ablenow.com/contact

A copy of this form must be submitted to ABLEnow when requesting a transfer of funds from another state's qualified ABLE or 529 Program along with the Transfer check.

Instructions:

1. Eligible Individual or his/her Authorized Representative open an ABLEnow Account by visiting www.ablenow.com (if needed)

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 3 below for the definition).

2. Complete all sections below, sign and **mail this form to your current ABLE or 529 Program** listed in Section 1 below.
3. Your current ABLE or 529 Program **MUST** provide documentation of the basis and earning portions of your transfer within 60 days, or ABLEnow will treat your entire transfer balance as earnings.
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 Contribution Form found at www.ablenow.com.

PLEASE NOTE: An Eligible Individual is only allowed to maintain **one** ABLE account nationwide and can perform a rollover or program-to-program transfer only once every 12 months from one ABLE program to another ABLE program. A rollover or program-to-program transfer may include changing your ABLE Program or transferring funds from a 529 program into an ABLE account.

1. Current ABLE or 529 Program Information

*Required Fields

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
*Current ABLE or 529 Program Name and Address				*City		*State		* Zip			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
*ABLE or 529 Program Telephone Number											
<input type="text"/>						<input type="text"/>					
*Account Owner Name (First, MI, Last)						*Account Number					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
*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

 - -

*Account Owner/ Social Security Number

 - -

Account Owner Day Telephone

Account Owner Email Address

3. ABLEnow Check Remittance Information

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

Transfer all assets in my current 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 designated beneficiary.

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

Transfer \$ _____ from the 529 which I own and on which the ABLEnow Account Owner is the designated beneficiary to the ABLEnow Account belonging to the 529 designated 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 designated beneficiary's brother or sister; a brother or sister of the 529 designated 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 designated beneficiary or the spouse of any individual described above; or a first cousin of the 529 designated beneficiary. For the purposes of this paragraph, a legally adopted child of the 529 designated beneficiary shall be treated as the child of such individual by blood. The terms "brother" and "sister" include half-brothers and half-sisters.*

***PLEASE NOTE:** The amount transferred from a 529 Account to an ABLEnow Account may not exceed the annual contribution limit (currently \$15,000), but the number of transfers is not limited. Please contact ABLEnow for special contribution limit rules for working ABLEnow account owners.

4. Instructions for Current ABLE or 529 Program Provider

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 AND a copy of this form:

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



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***PLEASE NOTE:** The amount transferred from a 529 Account to an ABLEnow Account may not exceed the annual contribution limit (currently \$15,000). Please contact ABLEnow for special contribution limit rules for working ABLEnow account owners.

5. 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 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 Virginia College Savings Plan and any of its subcontractors, including 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.

I further certify that I understand that the amount transferred from a 529 account to an ABLEnow Account cannot exceed the Annual Contribution Limit.

If I am transferring funds from an ABLE program account, governed by Section 529A, and 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." A Member of the Family under Section 529A means the ABLE 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, governed by Section 529 and whose designated beneficiary is different than the owner of the ABLEnow Account receiving those assets, I certify that the ABLEnow Account is owned by a person who is a Member of the Family of the 529 account's designated beneficiary. A Member of the Family under Section 529 includes the 529 designated beneficiary's son or daughter, or a descendant of either; the 529 designated 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 designated 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 designated beneficiary or the spouse of any individual described above; or a first cousin of the 529 designated beneficiary. For the purposes of this paragraph, a legally adopted child of the 529 designated beneficiary shall be treated as the child of such individual by blood. The terms "brother" and "sister" include half-brothers and half-sisters.

***Account Owner/Authorized Representative OR Person Requesting
the Transfer**

***Date**