

### Important information about this form:

- Use a **Rollover Form** to transfer assets from this ABLE account to another eligible Beneficiary.
- An IRS Form 1099-QA is filed when a withdrawal is made from the ABLE account.
- Please provide a certified copy of a Death Certificate and Certified Letters of administration to the individual providing the notarization acknowledgement.
- Please send in copies of a Death Certificate and Certified Letters of administration to the individual providing the notarization acknowledgement.
- Type or print clearly in black ink, and do not staple the pages or copies of documents included with this form.

### Need help?

Give us a call Monday – Friday  
from 9am – 6pm ET at  
**1-888-524-2253**

Individuals with speech or hearing disabilities may dial 711 to access Telecommunications Relay Service (TRS) from a telephone or TTY.

### Mail the form to:

ABLE United  
PO Box 534422  
Pittsburgh, PA 15253- 4422

### Overnight Mail:

ABLE United  
Attention: 534422  
500 Ross Street, 154-0520  
Pittsburgh, PA 15262

### Fax:

833-337-7250

## 1 ABLE account information

\_\_\_\_\_  
Name of the Beneficiary on the ABLE account (First and last)

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Beneficiary's Social Security or Taxpayer Identification Number

AU \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
ABLE United account number

## 2 Personal Representative information

\_\_\_\_\_  
Name (First and last)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Date of birth (mm/dd/yyyy)

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Social Security or Taxpayer Identification Number



**5 A notarization acknowledgement is required for the death of a Beneficiary**

Please provide a certified copy of a Death Certificate and Certified Letters of administration to the individual providing the notarization acknowledgement. When you mail in this form, please include copies of these documents. When you mail in this form, please include copies of these documents.

**Keep in mind that:**

- You're providing the following information as underwritten certification that your signature is genuine.
- You cannot guarantee your own signature. You may be required to provide proof of your authority to act on behalf of the ABLE Account.

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of

**physical presence** or  **online notarization,**

This \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_

\_\_\_\_\_  
**Signature of Notary Public - State of Florida**

Circle one:  
**Personally Known OR Produced Identification**

\_\_\_\_\_  
Type of Identification Produced

<p><b>Print, Type, or Stamp Commissioned Name of Notary Public</b></p>
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