Important information about this form:

- Use this form to make a direct rollover from a 529 College Savings account into an Maryland ABLE account.

- In a direct rollover the movement of funds is coordinated by the 529 College Savings Plan Manager and ABLE Program Manager. Once this form is submitted to the Maryland ABLE program, they will reach out to your 529 College Savings Plan to coordinate the rollover.

- The assets will be allocated based on the investment selection for the Maryland ABLE account.

- You must have the 529 College Savings account information and the Maryland ABLE account information available. The 529 College Savings account might also require a Medallion Signature Guarantee in Step 6. You should check with the 529 College Savings Plan Manager before submitting this form.

- If an ABLE account has not yet been established for the Beneficiary, the Beneficiary or his/her Authorized Legal Representative should sign up online at www.MarylandABLE.org or use an Enrollment Form before this form is completed.

- There’s a $15,000 annual rollover limit (less the amounts previously contributed by any person to the ABLE account that count against the standard $15,000 annual limit).

- All rollover assets will be counted against the standard $15,000 annual contribution limit to the ABLE account.

- The Beneficiary of the Maryland ABLE account must be the same as the beneficiary of the 529 College Savings account or be an eligible “Member of the Family” of such beneficiary as defined by Section 529 of the Internal Revenue Code.

- The Beneficiary of the Maryland ABLE account will also be the owner of the Maryland ABLE account, even if such Beneficiary was not the owner of the 529 College Savings account.

- Make sure you use black ink to type or print clearly in capital letters and do not staple the pages together.

Need help?
Give us a call Monday – Friday from 9am – 8pm ET at 1-855-563-2253 or from 9am – 8pm ET at 1-844-888-2253 (TTY)

Mail the form to:
Maryland ABLE
P.O. Box 9663
Providence, RI 02940-9663

Overnight Mail:
Maryland ABLE
4400 Computer Drive
Westborough, MA 01581
ABLE account information

This is the Maryland ABLE account you’re rolling assets into.

Name of the Beneficiary (First and last)

Beneficiary’s Social Security or Taxpayer Identification Number

Is the Beneficiary the same for both the 529 College Savings account and the Maryland ABLE account?

☐ Yes

☐ No, and I certify that the new Beneficiary listed in this step meets the permitted family member designation in Section 529 (includes biological and step parents, aunts, uncles, siblings, children, first cousins, nieces and nephews; parents, siblings, children, nieces and nephews by marriage; legally adopted children; and half-brothers or half-sisters) of the beneficiary of the 529 College Savings account.

Maryland ABLE account number

Who should we contact?

We need the following information for either the Beneficiary or Authorized Legal Representative in case we need to contact you about the account:

Contact name (First and last)

Telephone number
529 College Savings account information

This is the 529 College Savings account you’re rolling assets from.

_______________________________
College Savings Plan name

_______________________________
Plan State Sponsor (2-character state abbreviation)

_______________________________
College Savings Plan account number

_______________________________
Name of the Account Owner (First and last)

_______________________________
Account Owner's Social Security or Taxpayer Identification Number

_______________________________
Email address associated with the College Savings Plan account

_______________________________
Telephone number

_______________________________
Name of the Beneficiary (First and last) — If they are not the Account Owner

_______________________________
Beneficiary's Social Security or Taxpayer Identification Number

529 College Savings Plan Manager’s address

_______________________________
Street address 1

_______________________________
Street address 2

_______________________________
City

_______________________________
State

_______________________________
ZIP Code
# Rollover information

There's a $10 minimum and a $15,000 annual rollover limit (less the amounts previously contributed by any person to the ABLE account that count against the standard $15,000 annual limit) for an ABLE account. Contributions over the allowed amount will be rejected in their entirety. The rollover contribution will be invested based on the investment selections for the Maryland ABLE account.

## Source of funds:

These instructions will be used by the 529 College Savings Plan Manager. To roll over more investment portfolios, please include a separate page with this form.

<table>
<thead>
<tr>
<th>Investment portfolio name</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$ ___ ___ , ___ ___ , ___ ___</td>
</tr>
<tr>
<td></td>
<td>Amount</td>
</tr>
<tr>
<td></td>
<td>$ ___ ___ , ___ ___ , ___ ___</td>
</tr>
<tr>
<td></td>
<td>Amount</td>
</tr>
<tr>
<td></td>
<td>$ ___ ___ , ___ ___ , ___ ___</td>
</tr>
</tbody>
</table>

## What's the total?

This should be the sum of the portfolios listed in **Step 3A** above.

$ ___ ___ , ___ ___ , ___ ___ , ___ ___

**Full amount of rollover**
4 Signature of the ABLE account Beneficiary (or Authorized Legal Representative)
Accepting the 529 College Rollover

I agree that this rollover contribution should be accepted by the Maryland ABLE Program Manager.

__________________________  ____________________________
Signature of Beneficiary or Authorized Legal Representative of the ABLE account  Date (mm/dd/yyyy)

5 Signature of 529 College Savings Plan Account Owner

By signing this, you’re agreeing to these statements:

• I confirm that I received, understand, consent, and agree to all the information and terms and conditions in the Maryland ABLE Program Disclosure Booklet as they relate to this rollover.

• I authorize the 529 College Savings Plan Manager, or its designee, to roll over assets into the Maryland ABLE account according to these instructions.

• I certify that the beneficiary of the 529 College Savings account is the same as the Beneficiary of the Maryland ABLE account or that the Beneficiary of the Maryland ABLE account qualifies as a “Member of the Family” of the beneficiary of the 529 College Savings account as defined by Section 529 of the Internal Revenue Code.

• I understand that a rollover that doesn’t meet all of the above conditions may result in the earnings portion of the withdrawal from the 529 College Savings account being considered a non-qualified withdrawal subject to federal income tax and an additional 10% federal tax, and may be subject to state or local income tax.

• I certify that the above is accurate data regarding the Rollover of the 529 College Savings account assets into the referenced ABLE account. I further certify that I have signing authority over the 529 College Savings account.

__________________________  ____________________________
Signature of Account Owner of the 529 College Savings account  Date (mm/dd/yyyy)
A Medallion Signature Guarantee

You may be required to provide proof of your authority to act on behalf of the 529 College Savings account. If you’re not sure if this is required, please contact the 529 College Savings Plan.

Keep in mind that:

• You’re providing the following information as underwritten certification that your signature is genuine.

• You can get a Medallion Signature Guarantee from an authorized officer of a bank, broker, or other qualified financial institution. A notary public doesn’t qualify, and you cannot guarantee your own signature. You may be required to provide proof of your authority to act on behalf of the ABLE account.

• Only sign if you are in the presence of an authorized officer providing the Medallion Signature Guarantee.

I certify that the information provided herein is true and complete in all respects, and that I have read and understand, consent, and agree to all the terms and conditions of the Program Disclosure Booklet.

Signature of 529 College Savings Account Owner

__________________________________________

Signature Guarantor

__________________________________________

Title

__________________________________________

Name of Institution

__________________________________________

Date (mm/dd/yyyy)