

### Important information about this form:

- Use this form to make an indirect rollover from a 529 College Savings account into an Maryland ABLE account. In an indirect rollover, the withdrawn 529 College funds are given to the 529 College Savings Account Owner and then deposited by such Account Owner into the Maryland ABLE account.
- The assets will be allocated based on the investment selection for the Maryland ABLE account.
- You must deposit the amount you want to qualify as a rollover into the Maryland ABLE account within 60 days of withdrawal from the 529 College Savings account.
- 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](http://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 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 – 5pm 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

**1** **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**

**2 Rollover information**

Assets from the 529 College Savings account must be deposited into the ABLE account within 60 days of withdrawing them. 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 counts 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.

**A Rollover details:**

\$ \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

**Principal of the rollover**

\$ \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

**Earnings of the rollover**

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**B Tell us what's on the check:**

Make the check payable to the Maryland ABLE program.

\$ \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

**Full amount of the rollover**

(Total of Principal and Earnings)

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**C Please include a statement from the original account that shows the breakdown of the contributions/ principal and earnings to verify this rollover.**

The entire deposit will be considered earnings until the statement is received by the Maryland ABLE program.

**3 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)

**4 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 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 as defined by Section 529 of the Internal Revenue Code.
- I understand that the Account Owner of the 529 College Savings account from which assets are being withdrawn is responsible for providing the Maryland ABLE program with a statement that certifies the principal and earnings breakdown of the assets transferred. I further understand that until such statement is provided, the Maryland ABLE program will treat the entire transfer as earnings.
- 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)