



# NY ABLE Savings Program

## Incoming Rollover Form

- Use this form to initiate a rollover from another qualified ABLE or 529 plan to an existing NY ABLE Savings Program (NY ABLE) account. (If you do not already have a NY ABLE account, you must also complete and enclose an **Enrollment Form** or enroll online at **[www.MyNYABLE.org](http://www.MyNYABLE.org)**.)
- An Account Owner may have an account in only one ABLE program nationwide. Please ensure the account in the other ABLE plan is closed (if applicable), once the assets are transferred.
- You may roll assets from one ABLE plan account to another ABLE plan account for the same account owner once every 12 months.
- A rollover from a 529 plan account into a NY ABLE account must be made prior to January 1, 2026 and is subject to annual ABLE contribution limits. In order to receive favorable tax treatment, you must roll all or part of the assets from a 529 plan account into a NY ABLE account for the same beneficiary or a “Member of the Family” of the prior beneficiary as defined in section 529(e)(2) of the Internal Revenue Code, within 60 days of withdrawal. You should consult a qualified tax advisor about your circumstances.
- Type or print clearly, printing in capital letters and black ink. Please mail the form to the Program. Do not staple.

Forms can be downloaded from our website at **www.MyNYABLE.org**, or you can call us to order any form—or request assistance in completing this form—at **855.5NY.ABLE (855.569.2253)** any business day from 8 a.m. to 8 p.m. ET.

 **855.5NY.ABLE (855.569.2253)**  
8 a.m. to 8 p.m. ET M-F  
**New York State Relay System:**  
**711 or 800-662-1220**

 [www.MyNYABLE.org](http://www.MyNYABLE.org)

 **clientservices@mynyable.org**

Regular mailing address:

**NY ABLE**  
**P.O. Box 55087**  
**Boston, MA 02205**

Overnight mailing address:

**NY ABLE**  
95 Wells Ave, Suite 155  
Newton, MA 02459

## 1. Rollover type

- ☐ Roll assets directly from my other qualified ABLE plan. (Complete **Sections 2, 3** and **5**)
- ☐ Roll assets directly into my NY ABLE account from an account in another ABLE plan that is currently owned by an eligible individual who qualifies as a “Member of the Family” as defined in Section 529A of the Internal Revenue Code. That individual will be required to sign this Form in **Section 5** to authorize the current ABLE plan to rollover the assets to my NY ABLE account. (Complete **Sections 2, 3** and **5**)
- ☐ Roll assets directly from my 529 plan account to my NY ABLE account. (Complete **Sections 2, 4** and **5**)
- ☐ Roll assets directly from a 529 plan account to my NY ABLE account. I am an eligible individual who qualifies as a “Member of the Family” of the beneficiary of the 529 plan account as defined in Section 529 of the Internal Revenue Code. The 529 plan account owner will be required to sign this Form in **Section 5** to authorize the current 529 plan to rollover the assets. (Complete **Sections 2, 4** and **5**)

## 2. NY ABLE account information

$$\square\square\square\square\square\square\square\square - \square\square$$

Account Number (If you have not established an account, also complete and enclose an **Enrollment Form**.)

$\square\square\square - \square\square - \square\square\square\square$

Social Security or Taxpayer Identification Number **(Required)**[illegible]

Name of Account Owner (first, middle initial, last)

$$\begin{array}{|c|c|c|} \hline & & \\ \hline \end{array} - \begin{array}{|c|c|c|} \hline & & \\ \hline \end{array} - \begin{array}{|c|c|c|c|} \hline & & & \\ \hline \end{array}$$

Telephone Number



\* NY ABLE ROLL OVER IN

### 3. Instructions for Rollover from another ABLE plan

- Please provide information about the current ABLE plan from which the assets are being moved.
- We will contact the current ABLE plan or custodian to send the funds to us. Please ask the current ABLE plan if this request requires a signature guarantee, and if so, complete **Section 6**.
- You may own only one ABLE account nationwide. Therefore, if you are moving assets from an account you own in another ABLE plan to an account in NY ABLE, the account in the other ABLE plan must be closed.
- The rollover proceeds will be invested according to the standing allocation instructions on file at the time the assets are received. If you are opening a new account, account, the assets will be invested according to what you choose on the **Enrollment Form**. Please contact the program manager or custodian of the account from which assets are being withdrawn for a proper mailing address.

Account Number of the current ABLE plan

Name of the current ABLE plan

Address

City

State

Zip Code

Telephone Number

Rollover Amount

### 4. Instructions for Direct Rollovers from a 529 plan

- Please provide information about the current 529 plan from which the assets are being moved.
- We will contact the current 529 plan to send the funds to us. Please ask the current 529 plan if this request requires a signature guarantee, and if so, complete **Section 6**.
- The rollover proceeds will be invested according to the standing allocation instructions on file at the time the assets are received. If you are opening a new account, the assets will be invested according to what you choose on the **Enrollment Form**. Please contact the program manager of the account from which assets are being withdrawn for a proper mailing address.

Account Number of the current 529 plan account

Name of the current 529 plan account

Address

City

State

Zip Code

Telephone Number

Rollover Amount

**Important:** fund rolled over from a 529 account to a NY ABLE account are subject to yearly contribution maximum.)

**5. Signature — YOU MUST SIGN BELOW**

- I certify that I have read and understand, consent, and agree to all the terms and conditions of the NY ABLE Disclosure Booklet and Participation Agreement (Disclosure Booklet) as they relate to this incoming rollover request.
- If I am rolling over assets from another qualified ABLE plan account, I authorize NY ABLE or its designee to roll over assets into NY ABLE according to the instructions above.
- If I am a Parent, Guardian, or an Authorized Individual, I certify that I am authorized to act on behalf of the Account Owner in making this request and that this request is in the best interest of the Account Owner.
- By signing below, I certify that there has not been a rollover from one ABLE plan to another ABLE plan for this Account Owner during the prior 12-month period.
- If rolling over assets from another ABLE plan account owned by someone other than me to my NY ABLE account, I certify that the account in the other ABLE plan is owned by an eligible individual who qualifies as a "Member of the Family (as defined in Section 529A of the Internal Revenue Code)."
- If I am rolling over assets from a 529 plan account owned by someone other than me, to my NY ABLE account, I certify that either I or a "Member of the Family" (as defined in Section 529 of the Internal Revenue Code) is the beneficiary of the account in the 529 plan.
- I understand that the program manager of the account from which assets are being withdrawn is responsible for providing NY ABLE with a statement certifying the breakdown of contributions and earnings of the amount transferred. I further understand that until such statement is provided, NY ABLE will treat the entire contribution as earnings.
- I understand that a rollover that does not meet the conditions set forth in the Disclosure Booklet and this form may result in the earnings portion of the contribution being considered a non-qualified withdrawal subject to federal income tax and an additional 10% federal tax penalty, and may be subject to state or local income tax.

**If you are requesting to roll assets into your NY ABLE account from another qualified ABLE or 529 plan account owned by you, that account owner from which assets are being withdrawn must sign below. If the current plan manager or custodian of the account from which assets are being withdrawn requires a Medallion Signature Guarantee, do not sign here. Please go to Section 6.**

SIGNATURE

Signature of NY ABLE Account Owner, Parent/Guardian or Authorized Individual

□□ — □□ — □□□□

Date (mm/dd/yyyy)

SIGNATURE

Signature of Co-Authorized Individual (Only if applicable)

□□ — □□ — □□□□

Date (mm/dd/yyyy)

**If you are requesting to roll assets into your NY ABLE account from another qualified ABLE or 529 plan account not owned by you, that account owner from which assets are being withdrawn must sign below. If the current plan manager or custodian of the account from which assets are being withdrawn requires a Medallion Signature Guarantee, do not sign here. Please go to Section 5.**

SIGNATURE

Signature of Account Owner in other qualified ABLE or 529 plan from which assets are being withdrawn

□□ — □□ — □□□□

Date (mm/dd/yyyy)

**6. Medallion Signature Guarantee — IF APPLICABLE**

**(Only applicable if the current qualified ABLE or 529 plan manager of the account from which the assets are being transferred requires a Medallion Signature Guarantee – please check with your current qualified ABLE or 529 plan manager. The lack of a required Signature Guarantee could delay this rollover.)**

- You must provide the following information as underwritten certification that your signature is genuine.
- You can obtain a Medallion Signature Guarantee from an authorized officer of a bank, broker, or other qualified financial institution. A notary public cannot provide a Medallion Signature Guarantee, nor can you guarantee your own signature.
- **Do not sign below until you are in the presence of the authorized officer providing the Medallion Signature Guarantee.**

I certify that the information provided on this form 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 Disclosure Booklet.

SIGNATURE

Signature of Account Owner that owns the funds in the current ABLE or 529 plan

Signature of Co-Authorized Individual *(Only if applicable)*

Signature Guarantor

Title

Name of Institution

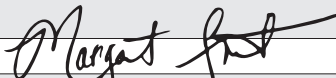
□□ — □□ — □□□□

Date (mm/dd/yyyy)

**Authorized Officer to place stamp here**

**7. Authorization and acceptance** *(No Account Owner action is necessary in this section.)*

NY ABLE hereby agrees to accept the rollover described herein and upon receipt will deposit the proceeds in the account established on behalf of the Account Owner named herein.



**Authorized signature, NY ABLE**

**INSTRUCTIONS TO ABLE OR 529 PLAN OR CUSTODIAN**

Send redemption proceeds by check to **NY ABLE, P.O. Box 55087, Boston, MA 02205**. Make the check payable to **NY ABLE**. Include the Account Owner name and the NY ABLE account number *(if provided)* on the check and enclose a statement that shows the principal and earnings in the account.