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Rollover Form

- Use this form to initiate a rollover from another qualified ABLE plan to an existing MiABLE Savings Plan account. (If you have not established an account, you must also complete and enclose an **Enrollment Form** or enroll online at **www.miable.org**.)
- An Account Owner may only have an account in 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.
- Type or print clearly, printing in capital letters and black ink. Please return the form as indicated on Page 4.

Forms can be downloaded from our website at **www.miable.org**, or you can call us to order any form — or request assistance in completing this form — at 1.844.656.7225 Monday - Thursday from 8 a.m. to 8 p.m. and Friday from 8 a.m. to 6 p.m. Eastern Time.

1. Rollover Type

- Roll assets directly from my other qualified ABLE plan. (Complete Sections 2, 3 and 5)
- Roll assets directly into my MiABLE account from an account in another ABLE plan that is currently owned by my sibling that qualifies as a "Member of the Family". That individual will be required to sign this Form in Section 6 as authorization for the current ABLE plan to rollover the assets to me. (Complete Sections 2, 3 and 5)
- Deposit assets from another qualified ABLE plan that have been withdrawn from that plan (indirect rollover).

2. Plan Account Information

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

 Social Security Number (**Required**)

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

 Telephone Number (In case we have a question about your account.)

3. Instructions for Direct Rollovers

- 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 or custodian if this request must be signature guaranteed and if so, complete Section 6.
- You may only own one ABLE account nationwide. Therefore, if you are moving assets from an account you own in another ABLE plan to an account in the MiABLE Plan, the account in the other ABLE plan must close.
- The rollover proceeds will be invested according to the standing allocation instructions on file at the time the assets are received. If you have not established an 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

Full Name of the current ABLE plan or custodian *(Usually a financial institution)*

Full Name of the current ABLE plan *(If applicable)*

Address

City State Zip Code

Contact Person Telephone Number

Roll over all of the assets in the current ABLE plan to the MiABLE Savings Plan.

Current Account Number \$ Estimated Account Value

4. Instructions if Assets have already been withdrawn from another ABLE plan

Assets redeemed from another ABLE Plan must be deposited within 60 days of the withdrawal. You must include a statement from the former plan certifying the breakdown of contributions and earnings of the amount transferred. Until such statement is provided, the MiABLE Savings Plan will treat the entire deposit as earnings.

Enclosed is a check made payable to the MiABLE Savings Plan for \$ _____
 Total Amount of Withdrawal

\$ _____
 Principal Amount of Withdrawal

\$ _____
 Earnings Amount of Withdrawal

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 MiABLE Savings Plan Program Disclosure Statement as they relate to this incoming rollover request.
- By signing below, I authorize the Program Manager or its designee to roll over assets into the MiABLE Savings Plan according to the instructions above.
- If I am a person authorized to act on the account, 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 ABL plan to another ABL plan for this Account Owner during the prior 12-month period.
- If rolling over assets from another qualified ABL plan account owned by someone other than me, to my MiABLE Plan account, I certify that the account in the other ABL plan is owned by my sibling that qualifies as a "Member of the Family".
- I further certify that if I have already withdrawn the rollover amount for deposit into an MiABLE Savings Plan account, this request is within 60 days of the withdrawal and the account in the other ABL plan has been closed as I can only own one ABL account nationwide.
- If I am requesting a direct rollover, by signing below I or my sibling, authorize the current qualified ABL plan manager or custodian to liquidate the investment identified in Section 3 and roll over the assets into the MiABLE Savings Plan account indicated in Section 2 of this Form. I understand a signature guarantee may be required in Section 6.
- I understand that I cannot make additional contributions when the fair market value of my account in the MiABLE Savings Plan exceeds \$500,000.
- I understand that the program manager or custodian of the account from which assets are being withdrawn is responsible for providing the MiABLE Savings Plan with a statement certifying the breakdown of contributions and earnings of the amount transferred. I further understand that until such statement is provided, the MiABLE Savings Plan will treat the entire deposit as earnings.
- I understand that a rollover not meeting these conditions may result in the earnings portion of the deposit 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.

If the current qualified ABL 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 of ABL Account Owner

Date (mm/dd/yyyy)

If you are requesting to roll assets into your MiABLE account from another qualified ABL plan account not owned by you, that account owner from which assets are being withdrawn must sign below. If the current qualified ABL 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 of ABL Account Owner in other qualified ABL plan from which assets are being withdrawn.

Date (mm/dd/yyyy)

6. Medallion Signature Guarantee — IF APPLICABLE

(Only applicable if the current qualified ABLE plan manager or custodian of the account from which the assets are being re-deemed requires a Medallion Signature Guarantee - please check with your current qualified ABLE plan manager or custodian. 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 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 Statement.

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

Signature Guarantor

Title

Name of Institution

Date (mm/dd/yyyy)

Authorized Officer to place stamp here

**Mail completed and signed forms to:
TSA Consulting Group, Inc.
P.O. Box 4037
Fort Walton Beach, FL 32549-4037
877.399.4351 (fax)**

Customer Service Representatives available at 1.844.656.7225 (toll-free)