

Important information about this form:

- If you want to transfer assets from this ABLE account to another eligible Beneficiary you'll also need to complete a **Rollover Form**.
- Please provide a certified copy of a Death Certificate and either a Letter of Testamentary or a Small Estates Affidavit to the individual providing the notarization acknowledgment.
- Please send in copies of a Death Certificate and either a Letter of Testamentary or a Small Estates Affidavit 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 – 5pm PT at
1-844-999-2253

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

Mail the form to:

Oregon ABLE Savings Plan
P.O. Box 534430
Pittsburgh, PA 15253- 4430

Overnight Mail:

Oregon ABLE Savings Plan
Attention: 534430
500 Ross Street, 154-0520
Pittsburgh, PA 15262

Fax:

833-286-8167

1 ABLE account information

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

____ - ____ - ____
Beneficiary's Social Security or Taxpayer Identification Number

Oregon ABLE Savings Plan account number

2 Executor 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 either a Letter of Testamentary or a Small Estates Affidavit to the individual providing the notarization acknowledgement.

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.

Only sign if you are in the presence of a notary public or other officer providing notarization.

The undersigned has read the foregoing in its entirety before signing. IN WITNESS WHEREOF, I have hereunto

set my hand this _____ day of _____, 20____.

Day (#) Month Year

Signature of Executor

State of Oregon, County of _____

This instrument was acknowledged before me

physical presence online notarization

on _____
Date (mm/dd/yyyy)

by _____
Name of person (First and last)

My term expires: _____
Date (mm/dd/yyyy)

Notary Public (Seal)

Signature of Notary Public