

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 acknowledgement.
- 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.

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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

Executor information

Name (First and last)

____/ ___ / ___ __ __ __

Date of birth (mm/dd/yyyy)

Social Security or Taxpayer Identification Number

-____

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



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C	ontinued from page 1				
— Te					
S	treet address 1	Street ad	dress 2		
c	ity	State	ZIP Code		
Choose the type of withdrawal					
$\left(\right)$	A check made payable to the Beneficiary.* (Please let us know where to mail the check to)				
	Mail check to the Beneficiary's address on file				
	Mail check to the executor's address provided on this form				
$\left(\right)$	 Rollover to another eligible Beneficiary (Please fill out a Rollover Form for the plan you're transferring these assets to) 				
S	ign the form				

By signing below, I certify that all the information provided on this form and in the future, will be true, complete and correct. I authorize the Plan to close this account based upon this information.

Signature of Executor

Date (mm/dd/yyyy)

* The \$2.50 fee for a check withdrawal will be waived.



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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 Month	,20
Day (#) Month	Year
Signature of Executor	
State of Oregon, County of	
This instrument was acknowledged before me	
physical presence online notarization	Notary Public (Seal)
on Date (mm/dd/yyyy)	
by	
My term expires: Date (mm/dd/yyyy)	
Date (mm/dd/yyyy)	

Signature of Notary Public