

Important information about this form:

- Use this form to make a direct rollover from an old 529 College Savings account into an Oregon ABLE account.
- In a direct rollover the movement of funds is coordinated by the 529 College Savings Plan and ABLE Plan Managers. Once this form is submitted to the Oregon ABLE Savings Plan, they will reach out to your 529 College Savings Plan to coordinate the rollover.
- The assets will be allocated based on the investment selection for the Oregon ABLE account.
- You must have the 529 College Savings account information and the Oregon ABLE account information available. The 529 College Savings account might also require a notarization acknowledgement in **Step 6**. You should check with the 529 College Savings Plan Manager before submitting this form.
- 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.OregonABLESavings.com or use an **Enrollment Form** before this form is completed.
- There's an annual rollover limit (less the amounts previously contributed by any person to the ABLE account that count against the standard annual limit). See the Program Disclosure Booklet for the current annual contribution limit.
- The Beneficiary of the Oregon 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 Oregon ABLE account will also be the owner of the Oregon 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 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

This is the Oregon ABLE account you're rolling assets into.

Name of the Beneficiary on the ABLE account (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 Oregon 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.

____ _ - ____ _ - ____ _
Oregon ABLE Savings Plan account number

Who should we contact?

We need the following information for either the Beneficiary or Authorized Legal Representative in case we have any questions about the account:

Contact name (First and last)

____ _ - ____ _ - ____ _
Telephone number

2 529 College Savings account information

This is the 529 College Savings account you're rolling assets from.

College Savings Plan name

Plan State Sponsor (2-character state abbreviation)

College Savings Plan account number

Name of Account Owner (First and last)

____ - ____ - _____
Account Owner's Social Security or Taxpayer Identification Number

Email address associated with College Savings Plan account

____ - ____ - _____
Telephone number

Name of Beneficiary (First and last) — If they are not the Account Owner

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

529 College Savings Plan Manager's address

Street address 1

Street address 2

City

State

____ - ____ - _____
ZIP Code

3 Rollover information

There's a \$5 minimum contribution for an ABLE account. Contributions over the allowed amount will be rejected in their entirety. See the Program Disclosure Booklet for the current annual contribution limit.

A Source of the funds

These instructions will be used by the 529 College Savings Plan Manager. To roll over from more investment portfolios, please include a separate page with this form.

_____ \$ _____ , _____ . _____
Investment portfolio name Amount

_____ \$ _____ , _____ . _____
Investment portfolio name Amount

_____ \$ _____ , _____ . _____
Investment portfolio name Amount

B What's the total?

This should be the sum of the portfolios listed in **Step 3A** above.

\$ _____ , _____ . _____
Full amount of the rollover

4 Select an investment option

You can select as many portfolios you want to invest your contributions. You can view your portfolio selections at any time or change your investment strategy up to twice per calendar year.

There are five options to pick from. There are risks involved in investing, your decision should be based on your goals and timeline for this ABLE account. The rest is up to the market's performance.

For an in-depth look at each of the investment options, please refer to the **Program Disclosure Booklet**.

<p>ABLE Conservative A predesigned diversified option with a mix of stocks and bonds for a more conservative risk profile.</p>	<p>\$ _____ , _____ . _____ Amount</p>	OR	<p>_____ % Percent</p>
<p>ABLE Moderate A predesigned diversified option with a mix of stocks and bonds for a more moderate risk profile.</p>	<p>\$ _____ , _____ . _____ Amount</p>		<p>_____ % Percent</p>
<p>ABLE Aggressive A predesigned diversified option with a mix of stocks and bonds for a more aggressive risk profile.</p>	<p>\$ _____ , _____ . _____ Amount</p>		<p>_____ % Percent</p>
<p>Cash Option This fund offers FDIC insurance protection for amounts contributed up to FDIC-permitted limits.</p>	<p>\$ _____ , _____ . _____ Amount</p>		<p>_____ % Percent</p>
<p>\$ _____ , _____ . _____ Total contribution amount</p>			<p><u>100</u> % Total contribution percentage</p>

4 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 Oregon ABLE Plan Manager.

Signature of Beneficiary or Authorized Legal Representative of the ABLE account

Date (mm/dd/yyyy)

5 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 Oregon ABLE Savings Plan Disclosure Booklet as they relate to this rollover.
- I authorize the 529 College Savings Plan Manager, or its designee, to roll over assets into the Oregon ABLE account according to these instructions.
- I certify that the beneficiary of the 529 College Savings account is the same as the Beneficiary of the Oregon ABLE account or that the Beneficiary of the Oregon ABLE account qualifies as a "Member of the Family" of the beneficiary of the 529 College Savings account as defined by Section 529 of the Internal Revenue Code.
- 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)

6 Notarization acknowledgement for 529 College Savings Plan (if applicable)

You may be required to provide proof of your authority to act on behalf of the 529 College Savings account. If you're not sure if this is required, please contact the 529 College Savings Plan.

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 Beneficiary or Authorized Legal Representative

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