

Important information about this form:

- Use this form to make a direct rollover from a 529 College Savings account into a STABLE account.
- In a direct rollover the movement of funds is coordinated by the 529 College Savings Plan Manager and STABLE account Program Manager. Once this form is submitted to STABLE account, they will reach out to your 529 College Savings Plan to coordinate the rollover.
- You must have the 529 College Savings account information and the STABLE 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 a STABLE account has not yet been established for the Beneficiary, the Beneficiary or his/her Authorized Legal Representative should sign up online at STABLEaccount.com or use an **Enrollment Form** before this form is completed.
- STABLE accounts are subject to a Maximum Annual Contribution Limit. See the Plan Disclosure Booklet for the current limit. All rollover assets will be counted against the standard annual contribution limit to the STABLE account.
- The Beneficiary of the STABLE 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 STABLE account will also be the owner of the STABLE 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 – 8pm ET at

1-800-439-1653

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

Mail the form to:

STABLE Account Plan
PO Box 534425
Pittsburgh, PA 15253- 4425

Overnight Mail:

STABLE Account Plan
Attention: 534425
500 Ross Street, 154-0520
Pittsburgh, PA 15262

Fax:

844-745-9612

1 STABLE account information

This is the STABLE account you're rolling assets into.

Name of the Beneficiary (First and last)

____ - ____ - _____

Beneficiary's Social Security or Taxpayer Identification Number

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.

S T - _____

STABLE account number

Who should we contact?

We need the following information for either the Beneficiary or Authorized Legal Representative in case we need to contact you 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)

\$ _____ , _____ . _____
Approximate value

College Savings Plan account number

Name of the Account Owner (First and last)

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

Email address associated with the College Savings Plan account

____ - ____ - _____
Telephone number

Name of the 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

Assets from the 529 College Savings account must be deposited into the STABLE account within 60 days of withdrawing them. There's a \$1 minimum and an annual rollover limit (less the amounts previously contributed by any person to the STABLE account that counts against the standard annual limit) for a STABLE account. Contributions over the allowed amount will be rejected in their entirety. See the Plan Disclosure Booklet for the current annual contribution limit.

A Source of 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 rollover

4 Rollover contribution information

Provide instructions to the STABLE account Plan for how to invest the rollover amount provided in **Step 3**.

For a full list of all the portfolio options, please go online to STABLEaccount.com or see the **Plan Disclosure Statement** for important information about the investment options before making a decision. There is a \$1 minimum contribution to each portfolio you select.

Investment options

		<i>OR</i>	
Growth Portfolio	\$ ____ , ____ . ____ Amount		____ % Percent
Moderate Growth Portfolio	\$ ____ , ____ . ____ Amount		____ % Percent
Conservative Growth Portfolio	\$ ____ , ____ . ____ Amount		____ % Percent
Income Portfolio	\$ ____ , ____ . ____ Amount		____ % Percent
BankSafe Savings Fund	\$ ____ , ____ . ____ Amount		____ % Percent

\$ ____ , ____ . ____ Total contribution amount	____ 100 % Total contribution percentage
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5 Signature of the STABLE account Beneficiary (or Authorized Legal Representative)

I agree that this rollover contribution should be accepted by the STABLE account Program Manager.

Signature of Beneficiary or Authorized Legal Representative of the
STABLE account

Date (mm/dd/yyyy)

6 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 STABLE account Plan Disclosure Statement as they relate to this rollover.
- I authorize the 529 College Savings Plan Manager, or its designee, to roll over assets into the STABLE account according to these instructions.
- I certify that the beneficiary of the 529 College Savings account is the same as the Beneficiary of the STABLE account or that the Beneficiary of the STABLE 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 STABLE 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)

7 Notarization acknowledgement

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:

- If I am an Authorized Legal Representative, I certify that I am authorized to act on behalf of the STABLE Account Owner or the Beneficiary in making this request and that this request is in the best interest of the Beneficiary.
- By signing below, I authorize the Plan Manager or its designee to add an ALR according to the instructions above.

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 _____, 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