

### 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.
- 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 – 8pm ET at **1-844-394-2253**

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

### Mail the form to:

ABLE for ALL Savings Plan  
PO Box 534430  
Pittsburgh, PA 15253- 4430

### Overnight Mail:

ABLE for ALL 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

\_\_\_\_ \_ - \_\_\_\_ \_ - \_\_\_\_ \_  
ABLE for ALL Savings Plan account number

## 2 Executor information

\_\_\_\_\_  
Name (First and last)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ \_  
Date of birth (mm/dd/yyyy)

\_\_\_\_ \_ - \_\_\_\_ \_ - \_\_\_\_ \_  
Social Security or Taxpayer Identification Number

\_\_\_\_ \_ - \_\_\_\_ \_ - \_\_\_\_ \_  
Telephone number

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\_\_\_\_\_  
Street address 1

\_\_\_\_\_  
Street address 2

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_-\_\_\_\_-\_\_\_\_  
ZIP Code

### 3 Choose the type of withdrawal

- 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
- Rollover to another eligible Beneficiary  
(Please fill out a **Rollover Form** for the plan you're transferring these assets to)

### 4 Sign 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.

**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 ABLÉ 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 \_\_\_\_\_, 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