

# Louisiana's 529A ABLÉ Program

## 529 to ABLÉ ROLLOVER DEPOSIT FORM

Louisiana's ABLÉ Program  
PO Box 91008  
Baton Rouge, LA 70821-9008

E-mail: [laable@la.gov](mailto:laable@la.gov)  
Internet: [www.able.osfa.la.gov](http://www.able.osfa.la.gov)  
Telephone: 1-800-259-5626  
Fax: (225) 612-6497

**INSTRUCTIONS:** The Account Owner of a 529 College Savings Plan may rollover any part or all the value of the Education Savings Account to a qualified ABLÉ program. The Account Owner of the LA ABLÉ Account must be an Eligible Individual as outlined in the LA ABLÉ Disclosure Booklet, and must be listed as the beneficiary on the 529 Account or be a member of the family of the beneficiary of the 529 Account. Once the original, completed form is received by the LA ABLÉ Program, a request will be made on your behalf to the administrator of your existing 529 account. If you have any questions or require any additional assistance, please call us at 1-800-259-5626 or (225) 219-1012, Monday through Friday, from 8 a.m. to 4:30 p.m.

### **SECTION A – IDENTIFY THE 529 ACCOUNT FROM WHICH THE ROLLOVER WILL OCCUR:**

Name of 529 Program: \_\_\_\_\_

Program Account Number: \_\_\_\_\_

Program Address: \_\_\_\_\_

Program Telephone Number: \_\_\_\_\_

Account Owner's Name: \_\_\_\_\_

Account Owner's Social Security Number: \_\_\_\_\_

Beneficiary's Name: \_\_\_\_\_

Beneficiary's Social Security Number: \_\_\_\_\_

Total Amount of Rollover: \$ \_\_\_\_\_

Amount of Principal Included: \$ \_\_\_\_\_ Amount of Interest Included: \$ \_\_\_\_\_

**NOTE:** To be considered a qualified rollover from another 529 Plan, the rollover must be completed within 60 days of the date of the distribution from the original 529 Plan. The Account Owner of the LA ABLÉ Account must be the same as the beneficiary of the 529 Savings Account or be an eligible "Member of the Family" of such beneficiary as defined by Section 529A of the IRS Code. The annual rollover limit is \$15,000 (less the amount previously contributed in the rollover year).

### **SECTION B - IDENTIFY THE LA ABLÉ ACCOUNT THAT WILL RECEIVE THIS ROLLOVER OR TRANSFER DEPOSIT:**

Please answer the following questions regarding the LA ABLÉ Account where the funds are being rolled over or transferred. If establishing a new LA ABLÉ Account, the completed LA ABLÉ Account

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**SECTION B – IDENTIFY THE LA ABLE ACCOUNT THAT WILL RECEIVE THIS ROLLOVER OR TRANSFER DEPOSIT: (CONTINUED)**

Application must accompany this form. *An Eligible Individual may only establish one ABLE account at a time.* The funds will be invested based upon the Account Owner’s investment selections selected on his/her Account Application.

Account Owner’s Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Owner’s Social Security Number: \_\_\_\_\_

Account Administrator’s Name: \_\_\_\_\_

Account Administrator’s Phone: \_\_\_\_\_

Account Administrator’s E-mail: \_\_\_\_\_

**SECTION C – CERTIFICATION, ACKNOWLEDGEMENT AND AUTHORIZATION**

Neither the Louisiana Tuition Trust Authority nor the LA ABLE Program renders any opinion as to whether the transfers requested herein comply with applicable federal or state law. You are advised to consult with your legal/tax advisor to ensure compliance with such laws to avoid any penalty that may be due for failure to comply. By signing this form and submitting it to the LA ABLE Program, I authorize the LA ABLE Program to make the rollover or transfer as authorized herein; I certify that all of the information in this form is true, complete and correct; and I take full responsibility for complying with all state and federal laws relative to this rollover/transfer deposit.

529 Account Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please make a copy of this form for your records and mail the original form to:

LA ABLE Savings Program  
P.O. Box 91008  
Baton Rouge, LA 70821-9008

The LA ABLE Program **CANNOT** process this form until the original signed form is received. Please check with your existing financial institution to determine if a signature guarantee is required.