

Louisiana's 529A ABLÉ Program

REQUEST FOR DISBURSEMENT FOR ABLE ACCOUNTS

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

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

INSTRUCTIONS: Account Administrator must complete this form to request a disbursement from an account to pay the qualified disability expenses for the Account Owner. Please PRINT neatly in ink and complete all sections.

Please submit this request at least 30 days before the date you wish funds to be available.

SECTION A – ACCOUNT FROM WHICH DISBURSEMENT IS TO BE MADE

Account Owner's Name: _____

Account Number: _____

Account Administrator's Name: _____

Account Administrator's Phone: _____

Account Administrator's E-mail: _____

SECTION B - ABOUT THE DISBURSEMENT

AMOUNT TO BE DISBURSED: \$ _____

Is this disbursement for housing expenses? Yes No

Will this withdrawal be used for qualified disability expenses? Yes No

Please provide a brief description of how this withdrawal will be used.

SECTION C - ACCOUNT OWNER'S CERTIFICATION

By signing this Disbursement Request and submitting it to the Louisiana ABLE Program, you certify that the funds will be used to pay the qualified disability expenses of the account owner and you authorize disbursement from the account indicated in Section A and in the amount designated in Section B.

Account Administrator's Signature: _____

Date: _____