

# Louisiana's 529A ABLÉ Program

## 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 or the Account Administrator may transfer the entire balance of his/her ABLÉ account to another qualified ABLÉ program. The Account Owner must be an Eligible Individual as outlined in the LA ABLÉ Disclosure Booklet. This form must be completed and return by e-mail, fax or postal mail to the addresses listed at the top of this document, A request will then be made on your behalf to your existing ABLÉ program. 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 LA ABLÉ ACCOUNT THAT WILL RECEIVE THIS ROLLOVER OR TRANSFER DEPOSIT:**

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 B - ROLLOVER INFORMATION**

Please answer the following questions below regarding the ABLÉ Program/Account from where the funds are being rolled over or transferred. An Eligible Individual may only establish one ABLÉ account at a time. If funds are being transferred from another ABLÉ account into the LA ABLÉ program, all previous ABLÉ accounts must close once funds have been rolled over or transferred. LAABLE Program will contact the previous ABLÉ Program to roll over or transfer the funds. The funds will be invested based upon the Account Owner's investment selections selected on his/her Account Application.

Name of ABLÉ Program: \_\_\_\_\_

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

Program Address: \_\_\_\_\_  
*Street Address* *City* *State* *Zip Code*

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

Account Owner Name: \_\_\_\_\_

*continued on Page 2*

**SECTION B – ROLLOVER INFORMATION (CONTINUED)**

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

Account Administrator/Legal Representative Name: \_\_\_\_\_

Total Amount of Transfer: \$ \_\_\_\_\_

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

**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.

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

Account Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_