

ABLE TO LA ABLE ROLLOVER FORM

Instructions: An Account Owner must complete all sections of this form to authorize rollover of funds from another ABLE account to a Louisiana ABLE account. The Account Owner of both accounts must be the same, and the Administrator of the ABLE Accounts must be the same. The LA ABLE Account must be opened prior to any transfer of funds. For more information, please visit the LA ABLE Website at www.able.osfa.la.gov. Complete all sections of this form.
Type or print in ink.

Section A: LA ABLE ACCOUNT INFORMATION

Account Owner's Name: _____

Account Owner's Social Security Number: _____

Account Number: _____

Account Administrator's Name: _____

Account Administrator's Phone: _____

Account Administrator's E-mail Address: _____

Section B: ROLLOVER OF PROCEEDS FROM ANOTHER ABLE PROGRAM

Name of ABLE Program: _____

Telephone Number of ABLE Program: _____

ABLE Program Mailing Address: _____

Account Number: _____

Account Owner's Name: _____

Account Owner's Social Security Number: _____

Account Administrator's Name: _____

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CONTACT LA ABLE



Visit able.osfa.la.gov



Email laable@la.gov



Call 800.259.5626
Fax 225.612.6497



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

SECTION C: ACCOUNT ADMINISTRATOR'S AUTHORIZATION

By signing this form and submitting it to the LA ABLÉ Program, the Account Administrator authorizes the LA ABLÉ Program to make the rollover as authorized, understanding that only one ABLÉ account may be established for an account owner, and that the rollover is for the entire proceeds of the account being rolled over. The Account Administrator certifies that all of the information in this form is true, complete and correct and takes full responsibility for complying with all state and federal laws relative to this rollover deposit.

I, meaning the Account Administrator named in Section A, certify that I am of full legal age and that the information I have provided in this form is true, complete, and correct to the best of my knowledge and belief and is made in good faith. By signing this form, I understand that I agree to be bound by the statutes, regulations, and rules governing the ABLÉ Savings Program. I have read and understand the ABLÉ Disclosure Booklet and the terms and conditions incorporated into the Account Participation Agreement. I certify that if I am not the account owner named in Section A, I am legally authorized to act on behalf of the account owner.

Account Administrator's Name (Print Name): _____

Account Administrator's Signature: _____

Date: _____

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