



PROGRAM-TO-PROGRAM TRANSFER

Instructions

- A Designated Beneficiary or the Designated Beneficiary’s Legal Representative may transfer the entire balance of his/her ABLE account to another qualified ABLE program. The Designated Beneficiary must be an Eligible Individual at the time the transfer is requested. As used in this Program-to-Program Transfer, capitalized terms shall have the same meaning as stated within the disclosure brochure.
- In order to complete a Program-to-Program Transfer, an ABLE TN account must be created for the same Designated Beneficiary. If an account has not been created, please do so before completing this form.
- This form must be completed and returned to ABLE TN. A request will then be made on your behalf to your existing ABLE program.
- Provide the requested information below. Print clearly, in all **CAPITAL LETTERS**, using blue or black ink.
- Submit this form by email, fax, or postal mail to the address listed at the top of this document. If you have any questions or require any additional assistance, please call us at 615-253-1833 or toll-free at 1-855-922-5386, Monday through Friday, from 8:00 a.m. to 4:30 p.m. (Central Time).

1. ABLE TN Savings Account Information

Account Number: _____

Name of Designated Beneficiary: _____
(first name, middle initial, last name)

Designated Beneficiary’s Social Security Number: _____

Designated Beneficiary’s Telephone Number: _____

2. Instructions for Direct Transfer

- Please answer the questions below regarding the *current* ABLE program from which the ABLE account is being transferred.
- A Designated Beneficiary may only establish one ABLE account at a time. If funds are being transferred from another ABLE account into the ABLE TN program, all previous ABLE accounts must close once funds have been transferred.
- The ABLE TN program will contact the previous ABLE program to transfer funds.
- The funds transferred to ABLE TN will be invested based upon the Designated Beneficiary’s investment allocation for his/her ABLE TN account selected during the enrollment process.

Program Name: _____ Program Account Number: _____

Program Address: _____
(Street Address) (City) (State) (Zip Code)

Contact Person: _____ Phone Number: _____

3. Verification Statement of Designated Beneficiary

I, _____, authorize the ABLE TN program to act on my behalf in contacting the current ABLE program manager to facilitate the transfer of assets.

I, _____, affirm, under penalty of perjury, that all statements in this Program-to-Program Transfer Form are accurate to the best of my knowledge.

Signature of Designated Beneficiary

Date

Signature of Legal Representative (if applicable)

Date

4. Signature Guarantee (Complete this section only if required by your current ABLE program.)

- Please contact your current ABLE program administrator to determine if a Signature Guarantee is required for a Program-to-Program Transfer. If not required, please leave this section blank.
- A Signature Guarantee is typically provided by a banking or financial institution when the fiduciary responsibility or the financial interest of the account is transferred from one party to another.
- A Signature Guarantee may be obtained from a bank and trust institution, credit union, brokers, national securities exchange, registered securities association, clearing agency, or savings association that offers this service to its customers.
- A notary of the public is not a Signature Guarantee.

Affix medallion stamp here.

Name: _____

Signature of Designated Beneficiary

Date

Signature of Legal Representative (if applicable)

Date

5. Financial Information (to be completed by the current ABLE program)

ABLE TN is required to obtain information regarding contributions and distributions from the current ABLE program. Please indicate below which portion of this Program-to-Program Transfer is attributable to contributions and to earnings.

\$ _____ Contributions Portion of the Transfer

\$ _____ Earnings Portion of the Transfer

\$ _____ Total Amount of Transfer