
ABLE ACCOUNT TRANSFER APPLICATION

APPLICATION SUBMISSION DOES NOT GUARANTEE APPROVAL.

BENEFICIARY (please print name): _____

SECURED FUTURES ACCOUNT #: _____

PURPOSE

An ABLÉ account is a savings account which is not counted as a resource by means-tested benefits programs, such as SSI and Medicaid. ABLÉ accounts are meant to allow eligible accountholders to save money for the accountholder's "qualified disability expenses," (QDEs) and to give accountholders independence and responsibility in managing money in the account. QDEs are expenses related to the accountholder's blindness or disability, which are made for the accountholder's benefit, including the following: education, housing, transportation, employment training and support, assistive technology and personal support services, health, prevention and wellness, financial management and administrative services, legal fees, expenses for oversight and monitoring, funeral and burial expenses. Housing QDEs may include the following expenses: mortgage (including property insurance required by the mortgage holder); real property taxes; rent; heating fuel; gas; electricity; water; sewer; and garbage removal. Withdrawals from an ABLÉ account used to pay the accountholder's housing expenses are not counted as In-Kind Support and Maintenance (ISM).

The ABLÉ accountholder is responsible for money in the ABLÉ account and must be able to account to the IRS and benefits agencies for how money withdrawn from the account was used. If money withdrawn from an ABLÉ account is not used for a QDE, it may affect the accountholder's eligibility for benefits and may also be taxable. Also, under the SSI program rules, money withdrawn from an ABLÉ account and used for a housing QDE in a month after the month it was withdrawn is a countable resource the month it was spent.

BENEFICIARY ACKNOWLEDGEMENT OF RESPONSIBILITY

I understand and agree that Secured Futures, Inc., Trustee of my special needs trust beneficiary trust share, cannot advise me regarding the management of my ABLÉ account and is not responsible for controlling trust funds transferred to my ABLÉ account or tracking how they are used.

_____ **INITIAL**

TO SUBMIT THIS FORM

FAX: 215-358-2291

EMAIL: email@SecuredFutures.org

MAIL: 10439 S 51st St. STE 225, Phoenix, AZ 85044

PHONE: 602-635-6674

I understand that I am responsible for the management of my ABLÉ account, including:

1. Determining if I legally am eligible to open an account;
2. Ensuring that the account is not funded above what is allowed under the ABLÉ program;
3. Ensuring that account withdrawals are used for my qualifying disability expenses;
4. Keeping accurate records of how money withdrawn from the account is used;
5. Reporting the existence of the account and activity on the account to the Internal Revenue Service (IRS) and benefits agencies such as SSA or Medicaid, as required by law.

_____ **INITIAL**

ABLE ACCOUNT INFORMATION

NAME OF ABLÉ PROGRAM: _____

ABLE PROGRAM MAILING ADDRESS: _____

ABLE PROGRAM CONTACT PHONE #: _____

BENEFICIARY'S ABLÉ ACCOUNT #: _____

AMOUNT TO TRANSFER TO ABLÉ: \$ _____

**Note federal allowable amount can change annually. Please ask a Trust Administrator if you do not know how much to fund.*

Please attach proof of ABLÉ account's titling, such as a current ABLÉ account statement or deposit slip.

I agree to report to Secured Futures, Inc. any changes in the ownership or titling of this account. I agree that Secured Futures, Inc. is not responsible for interruptions to my benefits caused by my not reporting this information.

_____ **INITIAL**

SIGNATURE (BENEFICIARY|POA|GUARDIAN): _____

PRINTED NAME: _____

DATE: _____

*** SUBMISSION OF APPLICATION DOES NOT GUARANTEE APPROVAL. ***

PLEASE ALLOW 5-8 BUSINESS DAYS FOR PROCESSING. INCOMPLETE FORMS WILL BE RETURNED.

FORMS ARE AVAILABLE ON OUR WEBSITE IN THE RESOURCE LIBRARY.

SECUREDFUTURES.ORG