Secured Futures
A SECURED ALLIANCE AFFILIATE

TO SUBMIT THIS FORM
FAX: 215-358-2291
EMAIL: email@SecuredFutures.org
MAIL: 10439 S 51st Street STE 225, Phoenix, AZ 85044
PHONE: 602-635-6674

ABLE ACCOUNT TRANSFER APPLICATION

APPLICATION SUBMISSION DOES NOT GUARANTEE APPROVAL.

BENEFICIARY *(please print name)*: _____

TRUST ACCOUNT NUMBER: _____

PURPOSE
An ABLE account is a savings account which is not counted as a resource by means-tested benefits programs, such as SSI and Medicaid. ABLE 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 ABLE account used to pay the accountholder's housing expenses are not counted as In-Kind Support and Maintenance (ISM).

The ABLE accountholder is responsible for money in the ABLE account and must be able to account to the IRS and benefits agencies for how money withdrawn from the account was used. If money withdrawn from an ABLE account is not used for a QDE, it may affect the accountholder's eligibility for benefits and may also be taxable. Also, under the SSI program rules, money withdrawn from an ABLE account and used for a housing QDE in a month after the month it was withdrawn is a countable resource the month it was spent.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 the Secured Futures Trustee of my special needs trust beneficiary trust share, cannot advise me regarding the management of my ABLE account and is not responsible for controlling trust funds transferred to my ABLE account or tracking how they are used.

_____ **INITIAL**

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I understand that I am responsible for the management of my ABLE 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 ABLE 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 INFORMATON

NAME OF ABLE PROGRAM: _____

ABLE PROGRAM MAILING ADDRESS: _____

ABLE PROGRAM CONTACT PHONE #: _____

BENEFICIARY'S ABLE ACCOUNT #: _____

AMOUNT TO TRANSFER TO ABLE: $_____

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

Please attach completed ABLE contribution form or deposit slip. Check will be refused by ABLE if not accompanied by contribution form.

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

_____ **INITIAL**

SIGNATURE (***BENEFICIARY|POA|GUARDIAN***): _____

PRINTED NAME: _____

DATE: _____