

DISCLOSURE FORM



Beneficiary Name: _____

Trust Sub-account Number: _____

Please indicate the type of transfer that is being requested.

FULL BALANCE TRANSFER OF AN ACCOUNT LESS THAN \$5,000 TO ABLE

By signing this form I, _____ (name of beneficiary or authorized representative), acknowledge the following:

- The OSNT sub-account will retain current fees related to closing an account
- The OSNT sub-account will be closed
- If the beneficiary wants to use an OSNT sub-account in the future, a new account must be opened, and the full enrollment fee paid to establish a new account
- The OSNT is not responsible for monitoring, documenting, or reporting any activity in the person's ABLE account
- The OSNT is not responsible for any adverse effects on a beneficiary's means-tested benefits based on use of funds once they are deposited into the ABLE account

PARTIAL BALANCE TRANSFER

By signing this form I, _____ (name of beneficiary or authorized representative), acknowledge the following:

- The OSNT is not responsible for monitoring, documenting, or reporting any activity in the person's ABLE account
- The OSNT is not responsible for any adverse effects on a beneficiary's means-tested benefits based on use of funds once they are deposited into the ABLE account

Signature

Date

Name