## CollegeAdvantage Direct 529 Savings Plan



## **Direct Rollover Out to Roth IRA Form**

- Complete this form to initiate a direct rollover of assets from your CollegeAdvantage 529 Direct Savings Plan Account to an existing Roth IRA account established for the benefit of the Beneficiary.
- The designated beneficiary in Section 1 will be the tax responsible party who will receive the IRS Form 1099-Q.
- Your rollover will be processed out of your CollegeAdvantage 529 Direct Savings Plan Account according to the instructions you provide in **Section 3**.
- Please review Section 4 to determine whether or not your assets are eligible for rollover to a Roth IRA.
- Please consult with your Roth IRA provider to determine whether there are additional requirements before submitting this form.
- Complete a separate form for each account.
- · Complete all sections in blue or black ink and print in capital letters. Be sure to sign and date this form.

Forms can be downloaded from our website at **www.CollegeAdvantage.com**, or you can call us to order any form—or request assistance in completing this form—at **1-800-AFFORD-IT** (233-6734) Monday through Friday from 8:30 a.m. to 6 p.m. Eastern Time.

Return this form and any other required documents to:

CollegeAdvantage Direct 529 Savings Plan P.O. Box 219305 Kansas City, MO 64121-9305 For overnight delivery or registered mail, send to:

CollegeAdvantage Direct 529 Savings Plan 1001 E 101st Terrace, Suite 200 Kansas City, MO 64131

1.	CollegeAdvantage 529 Direct Savings Plan Account Information

Account Number (Required)
Social Security Number or Taxpayer Identification Number <i>(Required)</i>
Account Owner (First name) (Required)  (M.I.)
Account Owner (Last name) (Required)
Telephone Number
Beneficiary (First name) (Required)  (M.I.)
Beneficiary (Last name) (Required)
Beneficiary Social Security or Taxpayer Identification Number <i>(Required)</i>



## DO NOT STAPLE

	benefic		f your	Colle	geAdv	antag										•				•					er as ger or
Cus	stodian	for pro	per m	aılınç	g addre	ess.	,									,	,	,	,	,		,	,	<b>-</b>	
ШL																									
Account	t Number	of Roth	ı IKA —, ——				,										,	,	,			,			
ШL		ŲĻ				<u> </u>			Щ	<u> </u>		L													
lame o	f Receivir	ng Koth	IRA Ma	anage	r or Cust	todian (	Usuali	ly a Fin	nancial 	Insti	tution,	) 													
<u> </u>				<u> </u>																					
.ddress	of Recei	ving Ro	th IKA	Mana	ger or Ci	ustodiai	n . —						_			_		,		,		_			
City														C+			7:-					] —			
/ ¬ —		_					1							513	ate		ZIP	Code							
<u>ا</u> لِ					_ L																				
elepho	ne Numb	er																							
Instr	uction	s to	the (	Colle	egeA	dvan	tag	e 52	9 Di	rec	t Sa	avin	gs P	lan											
							·								. 0		DI								
	sets de ed in <b>S</b>			)W W	ill be m	noved	trom	your	Colle	ege/	dvar	itage	529	Direc	t Sa	vings	s Pla	1 Ac	coun <sup>-</sup>	t to	the F	·ınan	ıcıal	Instit	ution
	value o			s hoir	a rollo	ud avar	· +o +l	ho Ro	th ID	Λic	cubic	oct to	tho c	nnu	al cor	trib	ıtion	limi	t for	tha t	taval	alo v	oor	nnlio	abla ta
	benefic				_						•								LIUI	ше	laxai	JIE YI	edi d	appiic	abie ii
Check	one	·					·										•								
	7						<b>.</b>				<b>F</b> 0	o D:			_						1	ID A			
A	Secti		II OT U	ne as	ssets i	n my	COII	egeA	avar	ıtag	e 52:	זוע פ	ect s	avın	ıgs r	rian	ACC	ount	τοτ	ne n	iotn	IKA	ınaı	icate	a in
В.	Roll c	over a	parti	al pr	o-rate	ed amo	ount	of th	e as	sets	to n	nv Ro	th IF	A.											
	\$											•													
	Ψ	LLL		_  _	<u> </u>																				
	Amo	UHL																							
	Amo	uiit																							
C. [	-		parti	al fu	nd spe	ecific	amo	unt o	of the	ass	sets	to my	, Rot	h IR	۹.										
C	Roll o	over a			•							•				dia a		ndo +	no to	ا اهد	aalan	ann is	n +h.c	. Invo	atm an
C	Roll o	over a	If the	dolla	r amo	unt yo	u ind	licate	for a	par	ticula	ar Inv	estm	ent F	ortfo								n the	e Inve	stmen
C	Roll o	over a	If the	dolla	•	unt yo	u ind	licate	for a	par	ticula date	ar Inv the t	estm otal b	ent F alan	ortfo					ortf	olio.				
S	Roll of Impo	over a rtant: olio as	If the	dolla e prev	r amo	unt yo narket	u ind	licate	for a	par	ticula date <b>D</b> o	ar Inv the t	estm otal b <b>amo</b>	ent F alan <b>unt</b>	ortfo						olio.	1	Гotal	l bala	nce
)	Roll of Impo	over a rtant: olio as	If the	dolla e prev	ar amo	unt yo narket	u ind	licate	for a	par	ticula date <b>Do</b> (Fo	ar Inv the t	estm otal b <b>amo</b>	ent F alan <b>unt</b>	ortfo					ortf	olio.	1	Гotal	l bala	
C	Roll of Impo	over a rtant: olio as	If the	dolla e prev	ar amo	unt yo narket	u ind	licate	for a	par	ticula date <b>D</b> o	ar Inv the t	estm otal b <b>amo</b>	ent F alan <b>unt</b>	ortfo					ortf	olio.	1	Гotal	l bala	nce
C	Roll of Impo	over a rtant: olio as	If the	dolla e prev	ar amo	unt yo narket	u ind	licate	for a	par	ticula date <b>Do</b> (Fo	ar Inv the t	estm otal b <b>amo</b>	ent F alan <b>unt</b>	ortfo					ortf	olio.	1	Гotal	l bala	nce
C	Roll of Impo	over a rtant: olio as	If the	dolla e prev	ar amo	unt yo narket	u ind	licate	for a	par	ticula date <b>Do</b> (Fo	ar Inv the t	estm otal b <b>amo</b>	ent F alan <b>unt</b>	ortfo					ortf	olio.	1	Гotal	l bala	nce
C	Roll of Impo	over a rtant: olio as	If the	dolla e prev	ar amo	unt yo narket	u ind	licate	for a	par	ticula date Do (Fo	ar Inv the t	estm otal b <b>amo</b>	ent F alan <b>unt</b>	ortfo					ortf	olio.	1	Гotal	l bala	nce
C	Roll of Impo	over a rtant: olio as	If the	dolla e prev	ar amo	unt yo narket	u ind	licate	for a	par	ticula date Do (Fo	ar Inv the t	estm otal b <b>amo</b>	ent F alan <b>unt</b>	ortfo					ortf	olio.	1	Гotal	l bala	nce

## 4. SIGNATURE — YOU MUST SIGN BELOW

By signing below, I certify that the information contained in this form, and in any required documentation, is true, complete and correct.

Note: The IRS may issue additional guidance that may impact 529 account rollovers to Roth IRAs. Please consult a financial professional or tax advisor regarding the applicability of these rollovers to your personal situation.

- I certify that I have read, understand, consent, and agree to all of the terms and conditions of the CollegeAdvantage 529 Direct
  Savings Plan Plan Description, and understand the rules and regulations governing rollover contributions to Roth IRAs from 529 plans,
  and that the rollover I am requesting meets all of the requirements and conditions required for an eligible rollover of assets to Roth
  IRAs from 529 plans.
- I understand that my 529 account must be open for 15 or more years in order to qualify for a rollover to a Roth IRA.
- I understand that IRS regulations permit a lifetime maximum amount of \$35,000 per beneficiary to be rolled over from 529 accounts to Roth IRAs.
- I understand that 529 contributions and associated earnings must be in my account for more than 5 years in order to qualify for a rollover to a Roth IRA.
- I understand that I am responsible for tracking and documenting the length of time my 529 account has been open and the amount of
  assets in my 529 account eligible to be rolled into a Roth IRA.
- I understand that 529 assets can only be rolled over into a Roth IRA maintained for the benefit of the beneficiary on my 529 account.
- I understand that the Roth IRA contribution is subject to the Roth IRA contribution limit for the taxable year applicable to the beneficiary for all individual retirement plans maintained for the benefit of the beneficiary.

SIGNATURE	
Signature of Account Owner	Date (mm-dd-yyyy)