



### 2. Roth IRA Custodian (*Financial Institution*)

The receiving Roth IRA account must be registered to the Beneficiary of your Alaska 529 Account. Please contact the receiving Roth IRA custodian to obtain the proper mailing address.

Account Number of Roth IRA

Name of Receiving Roth IRA Custodian (*Usually a Financial Institution*)

Address of Receiving Roth IRA Custodian

City State Zip Code

Telephone Number

### 3. Amount of Rollover

The amount indicated below will be sent to the Roth IRA custodian using the information you provided in **Section 2**. The amount eligible to be rolled over cannot exceed the IRA contribution limit for the Beneficiary for the applicable tax year.

Check one.

A.  **Full Balance.** Roll over the entire amount held in all of the Investment Options in my Account, discontinue my Recurring Contribution (*if applicable*), and close this Account. If you contribute to your Account through payroll direct deposit, contributions will continue to this Account unless you instruct your employer to cancel these contributions.

B.  **Partial Fund Specific.** Roll over from my current Investment Options as outlined below.

If the amount you indicate for a particular Investment Option exceeds its balance as of the previous business day, we will distribute the entire balance of that Investment Option.

Name of Investment Portfolio	Dollar amount (For partial amounts.)	OR	Total balance (Check if applicable.)
<input type="text"/>	\$ <input type="text"/>		<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/>		<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/>		<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/>		<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/>		<input type="checkbox"/>

**4. SIGNATURE — YOU MUST SIGN BELOW**

By signing this form, I authorize this rollover and understand and hereby certify that:

- The information in this form is accurate. As described in the Plan Disclosure Document, I agree to hold harmless the Trustee, the University, the Board, the Trust, and the Plan, as well as Alaska 529, and its parent, affiliates, agents, subcontractors, successors, and assignees for any losses arising out of any misrepresentations made by me or breach of acknowledgments contained in this form.
- I understand that it is my responsibility (and, in certain cases, the responsibility of the Beneficiary/Roth owner) to ensure that these assets qualify to be rolled over to a Roth IRA registered to the Beneficiary, including the requirements that 1) the Account must have been maintained for at least 15 years; 2) only contributions (and any earnings attributable thereto) made more than five years prior can be rolled over; 3) the amount eligible for rollover cannot exceed the IRA contribution limit for the Beneficiary for the applicable tax year; and 4) there is an aggregate limit of \$35,000 per Beneficiary.
- I understand that it is my responsibility to maintain accurate records as may be required by the IRS and/or any state taxing authority to substantiate this withdrawal for tax purposes.
- I understand that the acceptance of these instructions by the Plan does not ensure that the assets will be accepted by the Roth custodian or recognized as tax-free by the IRS.
- I understand that state tax treatment may vary even if the withdrawal is considered qualified on the federal level and not taxed or penalized by the IRS.

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

SIGNATURE

Signature of Account Owner

□□ — □□ — □□□□

Date (mm-dd-yyyy)

