

Direct Rollover Out to Roth IRA Form

- Complete this form to initiate a direct rollover of assets from your T. Rowe Price College 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. A check will be mailed to the IRA custodian using the information you provide in Section 2.
- Please review Section 4 and consult with a tax professional to determine whether
 or not your assets are eligible for rollover to a Roth IRA.
- Please consult with your Roth IRA custodian to determine whether there are additional requirements before submitting this form. An IRA custodian is a regulated financial institution that has been approved by the IRS to hold IRA assets.
- Type in your information and print out the completed form, or print clearly, preferably in capital letters and black ink.

Capitalized terms not otherwise defined on this form have the meanings set forth in the Plan Disclosure Document.



Monday - Friday 8:00 a.m. to 8:00 p.m. ET



www.troweprice529.com

Regular mailing address:

T. Rowe Price College Savings Plan PO Box 219124 Kansas City, MO 64121

Overnight mailing address:

T. Rowe Price College Savings Plan 1001 E 101st Terrace, Suite 200 Kansas City, MO 64131

T. Rowe Price College 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

3.

2.	Roth IRA	Custodian	(Financial	Institution
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The receiving Roth IRA account must be registered to the Ben contact the receiving Roth IRA custodian to obtain the proper		ıvings Plar	n Account. Please
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			
Amount of Rollover			
The amount indicated below will be sent to the Roth IRA custor eligible to be rolled over cannot exceed the IRA contribution li			on 2. The amount
Check one.			
A. Full Balance. Roll over the entire amount held in all of Contribution (if applicable), and close this account. If yo will continue to this Account unless you instruct your en	u contribute to your Account through pay		
B. Partial Pro Rata Amount. Roll over this amount prop \$	ortionately (pro rata) from among my curr	ent Invest	ment Options.
C. Partial Fund Specific. Roll over from my current Inve	stment Options as outlined below.		
If the amount you indicate for a particular Investment distribute the entire balance of that Investment Optio	·	evious bus	iness day, we will
Name of Investment Portfolio	Dollar amount (For partial amounts.)	OR	Total balance (Check if applicable.)
	\$		
	\$		
	\$		
	\$		
	\$		

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 T. Rowe Price Associates, Inc., 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 rollo	•
or tax professional regarding the applicability of these rollovers to your personal	al situation.
SIGNATURE	
Signature of Account Owner	Date (mm-dd-yyyy)