Arkansas Brighter Future Direct Plan



Direct Rollover Out to Roth IRA Form

- Complete this form to initiate a direct rollover of assets from your Arkansas Brighter Future Direct Plan Account to an existing Roth IRA account established for the benefit of the Designated Beneficiary.
- The Designated Beneficiary in **Section 1** will be the tax responsible party who will receive the IRS Form 1099-0.
- Your rollover will be processed out of your Arkansas Brighter Future Direct 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.BrighterFutureDirect529.com**, or you can call us to order any form—or request assistance in completing this form at **1.800.587.7301** any business day from 8 a.m. to 7 p.m. Central time.

Mail this form and any other required documents to:

Arkansas Brighter Future Direct Plan Account Information

Designated Beneficiary Social Security or Taxpayer Identification Number (Required)

For overnight delivery or registered mail, send to:

Arkansas Brighter Future Direct Plan P.O. Box 219376 Kansas City, MO 64121-9376 Arkansas Brighter Future Direct Plan 1001 E 101st Terrace, Suite 200 Kansas City, MO 64131

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
Designated Beneficiary (First name) (Required) (M.I.)
Designated Beneficiary (Last name) (Required)



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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 and State of Arkansas 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 Arkansas Brighter Future Direct
 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 Designated 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 same Designated 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 Designated Beneficiary for all individual retirement plans maintained for the benefit of the Designated Beneficiary.
- I understand that Arkansas law has not changed and this transfer is considered a nonqualifed withdrawal under Arkansas law and
 would be considered nonqualifed for Arkansas state tax purposes and could be subject to recapture in most situations.

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