

2. Roth IRA Manager or Custodian (Financial Institution)

The receiving Roth IRA must have the same Account Participant name and Social Security number or Taxpayer Identification number as the Beneficiary of your ScholarShare College Savings Plan Account. Please contact the receiving Roth IRA Plan Manager or Custodian for proper mailing address.

[Empty boxes for Roth IRA Account Participant Name]

Roth IRA Account Participant Name *(This must be the Beneficiary of the 529 Account being rolled over)*

[Empty boxes for Account Number of Roth IRA]

Account Number of Roth IRA

[Empty boxes for Name of Receiving Roth IRA Manager or Custodian]

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

[Empty boxes for Address of Receiving Roth IRA Manager or Custodian]

Address of Receiving Roth IRA Manager or Custodian

[Empty boxes for City, State, and Zip Code]

City

State

Zip Code

[Empty boxes for Telephone Number]

Telephone Number

3. Instructions to ScholarShare College Savings Plan

The assets described below will be moved from your ScholarShare College Savings Plan Account to the Financial Institution indicated in **Section 2**.

- The value of the assets being rolled over to the Roth IRA is subject to the annual contribution limit for the taxable year applicable to the Beneficiary for all individual retirement plans maintained for the benefit of the Beneficiary.

Check one.

A. **Roll over all of the assets in my ScholarShare College Savings Plan Account to the Roth IRA indicated in Section 2.**

B. **Roll over a partial pro-rated amount of the assets to the Roth IRA.**

\$ [Empty boxes for Amount]

Amount

C. **Roll over a partial fund specific amount of the assets to the Roth IRA.**

Important: If the dollar amount you indicate for a particular Investment Portfolio exceeds the total balance in the Investment Portfolio as of the previous market close, we will liquidate the total balance of that Investment Portfolio.

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

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 ScholarShare College Savings 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 Participant

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Date (mm-dd-yyyy)