1.

CollegeChoice Advisor 529 Savings Plan Direct Rollover Out to Roth IRA Form

- Complete this form to initiate a direct rollover of assets from your CollegeChoice Advisor 529 Savings Plan ("CollegeChoice Advisor") Account to an existing Roth IRA account established for the benefit of the Beneficiary.
- The 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 CollegeChoice Advisor 529 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 CollegeChoice Advisor 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.collegechoiceadvisor529.com**, or you can call us to order any form — or request assistance in completing this form — at **1.866.485.9413** any business day from 8 a.m. - 8 p.m. Eastern time.

— at 1.866.485.9413 any business day from 8 a.m. - 8 p.m. Eastern time.
Terms used in this Form not otherwise capitalized have the same meaning as those terms in the CollegeChoice Advisor 529 Savings Plan Disclosure Booklet ("Disclosure Booklet").

CollegeChoice Advisor Account Information	
Account Number <i>(Required)</i>	
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 (Required)	

CollegeChoiceAdvisor

529 SAVINGS PLAN

1.866.485.9413 8 a.m. to 8 p.m. Eastern time
www.collegechoiceadvisor529.com
Regular mailing address: CollegeChoice Advisor 529 Savings Plan P.O. Box 219354

Kansas City, MO 64121

Overnight mailing address: CollegeChoice Advisor 529 Savings Plan 1001 E 101st Terrace, Suite 200 Kansas City, MO 64131

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ROTH

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Roth IRA Manager or Custodian (*Financial Institution*)

 The receiving Roth IRA must have the same account owner name and Social Security number or Taxpayer Identification number as the Beneficiary of your CollegeChoice Advisor Account. Please contact the receiving Roth IRA Plan Manager or Custodian for the proper mailing address.

Account Number of Roth IRA			
Name of Receiving Roth IRA Manager or Custodian (Usually a Financial Institution)			
Address of Receiving Roth IRA Manager or Custodian			
City	State	Zip Code —	
Telephone Number			

3. Instructions to CollegeChoice Advisor

The assets described below will be moved from your CollegeChoice Advisor Account to the Roth IRA account at 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 CollegeChoice Advisor Account to the Roth IRA indicated in Section 2.

B. **Roll over a portion of the assets in my CollegeChoice Advisor Account to the Roth IRA indicated in Section 2. The amount identified below will be taken from each Investment Option on a proportional basis.**

\$,			
A	Amount				

C.

Roll over assets from specific Investment Options in my CollegeChoice Advisor Account to the Roth IRA indicated in Section 2.

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

Name of Investment Option	OR	Total balance (Check if applicable.)	
	\$		
	\$		
	\$		
	\$		
	\$		

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.

- I understand that the IRS may issue guidance that could impact a rollover from my CollegeChoice Advisor Account to a Roth IRA.
 I also understand that additional restrictions may apply under federal Roth IRA rules and guidance. 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 Disclosure Booklet, 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 CollegeChoice Advisor 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 CollegeChoice Advisor 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 CollegeChoice Advisor Account has been open and the amount of assets in my 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 of my CollegeChoice Advisor 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.
- If I am an Indiana taxpayer, I understand that a rollover from my CollegeChoice Advisor Account is subject to recapture of the Indiana state income tax credit claimed by contributors in prior tax years.

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