Indiana529 Direct Savings Plan

Indiana529

Direct Savings Plan

Direct Rollover Out to Roth IRA Form

- Complete this form to initiate a direct rollover of assets from your Indiana529 Direct Savings Plan ("Indiana529") 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 Indiana529 Direct 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 Indiana529 Account.
- Complete all sections in blue or black ink and print in capital letters. Be sure to sign and date this form.

Terms used in the Form not otherwise capitalized have the same meaning as those terms in the Indiana529 Direct Savings Plan Disclosure Booklet ("Disclosure Booklet"). Forms can be downloaded from our website at **www.indiana529direct.com**, or you can call us to order any form — or request assistance in completing this form — at **866-485-9415** any business day from 8 a.m. - 8 p.m. E.T.

Return this form and any other required documents to:

For overnight delivery or registered mail, send to:

Indiana529 Direct Savings Plan P.O. Box 219418 Kansas City, MO 64121 Indiana529 Direct Savings Plan 1001 E 101st Terrace, Suite 200 Kansas City, MO 64131

Indiana529 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>)

2. Roth IRA Manager or Custodian (Financial Institution)

the Beneficiary of your Indiana529 Account. Please contact address.	,	xpayer Identification number as Custodian for the proper mailing
Account Number of Roth IRA		
Name of Receiving Roth IRA Manager or Custodian (Usually a Financial Ins.	titution	
Name of receiving from the wantager of obstochart josaanly a ritialicial mis-		
Address of Receiving Roth IRA Manager or Custodian		
City — — — — — — — — — — — — — — — — — — —	State Zip Code	
Telephone Number		
Instructions to Indiana529		
The assets described below will be moved from your Indianal in Section 2 .	529 Account to the Roth IRA account at	the Financial Institution indicated
The value of the assets being rolled over to the Roth IRA is the Beneficiary for all individual retirement plans maintain.		for the taxable year applicable to
Check one.		
A. Roll over all of the assets in my Indiana529 Acco	ount to the Roth IRA indicated in Sect	ion 2.
B. Roll over a portion of the assets in my Indiana52	9 Account to the Roth IRA indicated nent Option on a proportional basis.	n Section 2. The amount
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\$		
\$	ns in my Indiana529 Account to the R	oth IRA indicated in Section 2.
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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.

- I understand that the IRS may issue guidance that could impact a rollover from my Indiana529 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 Indiana529 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 Indiana529 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 Indiana529 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 Indiana529 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 Indiana529 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)	