

2. 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 Indiana529 Account. Please contact the receiving Roth IRA Plan Manager or Custodian for the proper mailing address.

Account Number of Roth IRA

Account Number of Roth IRA

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

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

Address of Receiving Roth IRA Manager or Custodian

Address of Receiving Roth IRA Manager or Custodian

City State Zip Code

City

State

Zip Code

Telephone Number

Telephone Number

3. Instructions to Indiana529

The assets described below will be moved from your Indiana529 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 Indiana529 Account to the Roth IRA indicated in Section 2.**

B. **Roll over a portion of the assets in my Indiana529 Account to the Roth IRA indicated in Section 2. The amount identified below will be taken from each Investment Option on a proportional basis.**

\$ Amount

Amount

C. **Roll over assets from specific Investment Options in my Indiana529 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 | Dollar amount (For partial amounts.) | 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 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)