Learning Quest

Direct Rollover Out to Roth IRA Form



- The current Learning Quest account owner must complete this form to initiate a direct rollover of assets from your 529 Education Savings Plan Account to an existing Roth IRA account established for the benefit of the Beneficiary.
- The designated beneficiary in **Section 1** will be the tax responsible party who will receive the IRS Form 1099-Q.
- The rollover will be processed out of your Learning Quest Account according to the instructions you provide in **Section 3**.
- Please review Section 4 to determine whether or not the assets are eligible for rollover to a Roth IRA.
- Please consult with the 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. Digital signatures are not acceptable.

Forms can be downloaded from our website at **learningquest.com**, or to request assistance in completing this form call us at **1-800-579-2203**, Monday through Friday from 8:00 a.m.-5:00 p.m. CT.

Return this form and any other required documents to:

Learning Quest 529 Plan P.O. Box 29202 Shawnee Mission, KS 66201-9202 Or fax this to: 1-617-559-8901

Forms can be downloaded from our website at **learningquest.com**, or you can call us to order any form—or request assistance in completing this form—at **1-800-579-2203**

1. Learning Quest Account Information

Beneficiary Social Security or Taxpayer Identification Number (Required)

| 6 9 — — — — Account Number (Required) |
|---|
| Social Security Number or Taxpayer Identification Number <i>(Required)</i> |
| Name of Primary Account Owner/Responsible Individual/Custodian (first, middle initial, last) or Entity (Required) |
| Name of Joint Account Owner (first, middle initial, last) (if applicable) |
| Telephone Number |
| Beneficiary (First name) (Required) (M.1.) |
| Beneficiary (Last name) (Required) |
| |

2. Roth IRA Custodian, Firm or Trustee (Financial Institution)

| Accour | nt Numb | er of I | Roth IF | RA. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------|--------------------|-----------|----------------------|-------------------------------|-------|----------------|------------------|--------|----------|--------|---------------|--------------|----------------|--|------------------------------|-----------------------|---------------------|--------------|-------|------|-------|------------|--------|-------|------|------|--------|-------|-------------|------------|----|
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| lame | of Rece | iving F | oth IR | A Cu | stodi | an, Fir | m or | Trust | ee (U | sually | a Fir | nancia | al Inst | itution |) | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Addres | s of Re | ceivin | Roth | IRA (| Custo | dian, | Firm | or Tru | istee | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | Г | | | | | | | | | | _ | | | | |
| City | | | | | | | | | | J [| | | | | | _ | St | ate | | | Zip | Code | L e | | | | | | | | |
| | | 1_ | | | | _ | | | | |] | | | | | | | | | | | | | | | | | | | | |
| l L Teleph | one Nur | ⊔ nber | | | | | | |] [| J [| J | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Instr | uctio | ns i | ho I o | arı | nin | n Oı | ues | t | | | | | | | | | | | | | | | | | | | | | | | |
| | uotit | ,,,, | | Juli | | 9 4 | 400 | • | | | | | | | | | | | | | | | | | | | | | | | |
| The as | ssets | descr | ibed | belo | W W | ill be | e mo | ved | from | ı you | r Le | arnir | ıg Qı | iest / | /cc | ount | to t | he l | ina | nci | al Ir | ıstit | utio | n in | dica | atec | l in S | Sec | tion | 2 . | |
| • Th | e valu | e of t | he as | sets | bei | ng ro | lled | over | to t | he R | oth l | IRA i | s sub | ject | to t | he a | าทน | al c | ontr | ibu | tion | lim | it fo | r the | e ta | xab | le ye | ear a | appli | cab | |
| the | e bene | ficiar | y for | all ir | ndivi | dual | retir | eme | nt p | lans | maiı | ntair | ed fo | or the | be | nefit | of t | the | oen | efic | iary | ' . | | | | | | | | | |
| Chec | k one | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | _ | | | | | | | | | | _ | | _ | | | | | | | | | | | | | | | | | | |
| Α. | _ | l ove | r all | of th | ie a | sset | s in | my | Lea | rnin | ց Q ւ | ıest | Acc | ount | to 1 | the I | Rotl | h IR | A iı | ndi | cat | ed i | in S | ecti | on | 2. | | | | | |
| | Rol | l ove | | | | | | - | | | - | | | | | | | h IR | A iı | ndi | cat | ed i | in S | ecti | on | 2. | | | | | |
| | Rol | | | | | | | - | | | - | | | | | | | h IR | A iı | ıdi | cat | ed i | in S | ecti | on | 2. | | | | | |
| | Rol | l ove | | | | | | - | | | - | | | | | | | h IR | A iı | ndi | cat | ed i | n S | ecti | on | 2. | | | | | |
| A B | Rol | l ove | | | | | | - | | | - | | | | | | | h IR | A iı | ndi | cat | ed i | n S | ecti | on | 2. | | | | | |
| В | Rol \$ Ar | l ove | rap | artia | al pi | o-ra | nted | amo | ount | t of t | he a | isse | ts to | the | Rot | h IR | Α. | | A iı | ndi | cat | ed i | in S | ecti | on | 2. | | | | | |
| | Rol \$ Ar | l ove | rap | artia | al pi | o-ra | nted | amo | ount | t of t | he a | isse | ts to | the | Rot | h IR | Α. | | A ii | ndii | cat | ed i | in S | ecti | on | 2. | | | | | |
| В | Rol \$Ar | l ove | rap | artia], artia | al pi | ro-ra | ited spec | amo | ount | of t | he a | nsse he a | ts to | the | Rot | h IR | A. ı IR | A. | | | | | | | | | he p | nrevi | ous | mar | k |
| В | Rol \$ | l ove | rap | artia , artia | al pi | nd s | nted | ame | ount amo | ount | of t l | nsse he a | ts to | the | Rot t he | h IR Rotl | A. n IR | A. | | | | | | | | | he p | nrevi | ous | mar | k |
| В | Rol \$ | l ove | rap | artia , artia | al pi | nd s | nted | ame | ount amo | ount | of t l | nsse he a | sset | the | Rot the | h IR Rotl aland | A. n IR ee ir | A. | | | | | | folio | | | | | ous I ba | | |
| В | Rol \$ Ar Rol Imp | l ove | rap rap nt: If | artia artia the liqu | al pi | nd sar and the | nted | amo | ount amo | ount | of t l | nsse he a | sset Is the | the s to the e tota | Rot the all ba Port | h IR Roti | A. In IR | ' A . | e Inv | | | | | folio | as | | T | ota | | and | • |
| В. [| Rol \$ Ar Rol Imp | l ove | rap rap nt: If | artia artia the liqu | al pi | nd sar and the | nted | amo | ount amo | ount | of t l | nsse he a | sset Is the | the s to the tota nent Dolla | Rot the all ba Port | h IR Roti | A. In IR | ' A . | e Inv | | | | | folio | as | | T | ota | I bal | and | 3 |
| В. [| Rol \$ Ar Rol Imp | l ove | rap rap nt: If | artia artia the liqu | al pi | nd sar and the | nted | amo | ount amo | ount | of t l | nsse he a | sset | the s to the tota nent Dolla | Rot the all ba Port | h IR Roti | A. In IR | ' A . | e Inv | | | | | folio | as | | T | ota | I bal | and | 3 |
| В | Rol \$ Ar Rol Imp | l ove | rap rap nt: If | artia artia the liqu | al pi | nd sar and the | nted | amo | ount amo | ount | of t l | nsse he a | sset | the s to the tota nent Dolla | Rot the all ba Port | h IR Roti | A. In IR | ' A . | e Inv | | | | | folio | as | | T | ota | I bal | and | 3 |
| В | Rol \$ Ar Rol Imp | l ove | rap rap nt: If | artia artia the liqu | al pi | nd sar and the | nted | amo | ount amo | ount | of t l | nsse he a | sset | the s to the tota nent Dolla | Rot the all ba Port | h IR Roti | A. In IR | ' A . | e Inv | | | | | folio | as | | T | ota | I bal | and | 3 |
| В | Rol \$ Ar Rol Imp | l ove | rap rap nt: If | artia artia the liqu | al pi | nd sar and the | nted | amo | ount amo | ount | of t l | nsse he a | sset | the s to the tota nent Dolla | Rot the all ba Port | h IR Roti | A. In IR | ' A . | e Inv | | | | | folio | as | | T | ota | I bal | and | 3(|
| В | Rol \$ Ar Rol Imp | l ove | rap rap nt: If | artia artia the liqu | al pi | nd sar and the | nted | amo | ount amo | ount | of t l | nsse he a | sset | the s to the tota nent Dolla | Rot the all ba Port | h IR Roti | A. In IR | ' A . | e Inv | | | | | folio | as | | T | ota | I bal | and | • |

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 Learning Quest 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 certify that my 529 account has been open for 15 or more years and qualifies for a rollover to a Roth IRA.
- I understand and certify that this rollover does not cause an excess above the \$35,000 IRS imposed lifetime maximum permitted to be rolled over from a 529 account to the beneficiary's Roth IRA.
- I certify that the 529 contributions and associated earnings I have asked to be rolled over have been in my account for more than 5 years and 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 and certify that this request does not cause the beneficiary an excess annual contribution in the Roth IRA and that the
 Roth IRA contribution is subject to the annual Roth IRA contribution limit for the taxable year applicable to the beneficiary for all
 individual retirement plans maintained for the benefit of the beneficiary.
- I (We) authorize American Century Investment Management, Inc. and American Century Services, LLC (collectively, American Century), its affiliated companies and agents, to act upon my (our) instructions provided on this form. In consideration of American Century accepting this form, I (we) agree to defend, hold harmless and indemnify American Century and its affiliated companies and agents, the state of Kansas and the Kansas State Treasurer from liability for any loss I (we) may sustain as a result of their acting on transaction instructions they believe to be genuine.

| SIGNATURE Signature of Account Owner |] | Date (mm-dd-yyyy) |
|--|---|-------------------|
| SIGNATURE Signature of Joint Account Owner (if applicable) | | Date (mm-dd-yyyy) |