## DO NOT STAPLE

## Maryland Senator Edward J. Kasemeyer College Investment Plan

# **Direct Rollover Out to Roth IRA Form**

- Complete this form to initiate a direct rollover of assets from your Maryland College Investment 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. A check will be mailed to the IRA custodian using the information you provide in **Section 2**.
- Please review **Section 4** and consult with a tax professional to determine whether or not your assets are eligible for rollover to a Roth IRA.
- Please consult with your Roth IRA custodian to determine whether there are additional requirements before submitting this form.
- Type in your information and print out the completed form, or print clearly, preferably in capital letters and black ink. Mail the form to the mailing address listed. Do not staple.

Capitalized terms not otherwise defined on this form have the meanings set forth in the Plan Description.



1.888.4MD.GRAD (463.4723) Monday - Friday 8:00 a.m. to 8:00 p.m. ET



Regular mailing address: Maryland College Investment Plan PO BOX 55913 Boston, MA 02205-5913

Overnight mailing address:

Maryland College Investment Plan 95 Wells Ave, Suite 160 Newton, MA 02459

								] –	- [																	
Account I	Numb	er <i>(Re</i>	quire	d)				_	L																	
Social Sec	] curity	] — Numbe	er or Ta	храу	 er Ide	ntific	atior	] [ I Num	nbe	r <b>(R</b>	] equ	irea	IJ													
Account (	] Dwne	 r (First	name	) (Re	quire	ed)					][															
Account (	] ) w nei		name	(Re							]															
 Telephone	] [ e Num	] — nber																								
Beneficia	]			auir	(Dor						][															
	]			.yun																						
Beneficia	ry <i>(La</i> :	st nam	ne) (Re	quir	ed)						]			J	[	J		 		 ∟				 	[	 



## 2. Roth IRA Custodian (Financial Institution)

The receiving Roth IRA account must be registered to the Beneficiary of your Maryland College Investment Plan Account. Please contact the receiving Roth IRA custodian to obtain the proper mailing address.

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

#### 3. Amount of Rollover

The amount indicated below will be sent to the Roth IRA custodian using the information you provided in **Section 2**. The amount eligible to be rolled over cannot exceed the IRA contribution limit for the Beneficiary for the applicable tax year.

#### Check one.

A. **Full Balance.** Roll over the entire amount held in all of the Investment Options in my Account, discontinue my Recurring Contribution *(if applicable)*, and close this account. If you contribute to your Account through payroll direct deposit, contributions will continue to this Account unless you instruct your employer to cancel these contributions.

B. **Partial Pro Rata Amount.** Roll over this amount proportionately (pro rata) from among my current Investment Options.

\$			,			].		
Dolla	r Amo	ount						

C.

Partial Fund Specific. Roll over from my current Investment Options as outlined below.

If the amount you indicate for a particular Investment Option exceeds its balance as of the previous business day, we will distribute the entire balance of that Investment Option.

Name of Investment Portfolio	<b>Dollar amount</b> (For partial amounts.)	OR	<b>Total balance</b> (Check if applicable.)		
	\$				
	\$				
	\$				
	\$				
	\$,				

#### 4.

SIGNATURE — YOU MUST SIGN BELOW

By signing this form, I authorize this rollover and understand and hereby certify that:

- The information in this form is accurate. As described in the College Investment Plan Description, I agree to hold harmless
  Maryland 529, the Maryland State Treasurer, the Trust, the Trustee, and the State and any other agency of the State, as well as T.
  Rowe Price Associates, Inc., and its parent, affiliates, agents, subcontractors, successors, and assignees for any losses arising out
  of any misrepresentations made by me or breach of acknowledgments contained in this form.
- I understand that it is my responsibility (and, in certain cases, the responsibility of the Beneficiary/Roth Owner) to ensure that these
  assets qualify to be rolled over to a Roth IRA registered to the Beneficiary, including the requirements that 1) the Account must have
  been maintained for at least 15 years; 2) only contributions (and any earnings attributable thereto) made more than five years prior
  can be rolled over; 3) the amount eligible for rollover cannot exceed the IRA contribution limit for that tax year; and 4) there is an
  aggregate limit of \$35,000 per Beneficiary.
- I understand that it is my responsibility to maintain accurate records as may be required by the IRS and/or any state taxing authority to substantiate this distribution for tax purposes.
- I understand that the acceptance of these instructions by the Plan does not ensure that the assets will be accepted by the Roth
  custodian or recognized as tax-free by the IRS.
- I understand that state tax treatment may vary even if the distribution is considered qualified on the federal level and not taxed or penalized by the IRS.

Note: The IRS may issue additional guidance that may impact 529 account rollovers to Roth IRAs. Please consult a financial professional or tax professional regarding the applicability of these rollovers to your personal situation.

Signature of Account Owner

		—		—			
Date	(mm-	-dd-vv	vv)				