College SAVE Plan

College SAVE™

Bank of North Dakota's 529 Plan

Direct Rollover Out to Roth IRA Form

- Complete this form to initiate a direct rollover of assets from your College SAVE 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.
- Your rollover will be processed out of your College SAVE 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 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.collegesave4u.com**, or you can call us to order any form — or request assistance in completing this form — at **1.866.SAVE.529 (866.728.3529)** any business day from 8 a.m. to 8 p.m. ET.

Return this form to:

For overnight delivery or registered mail, send to:

College SAVE P.O. Box 219781 Kansas City, MO 64121-9781

College SAVE Plan Account Information

Beneficiary Social Security or Taxpayer Identification Number (Required)

College SAVE 1001 E 101st Terrace, Suite 200 Kansas City, MO 64131

Account Number (Required)
Social Security Number or Taxpayer Identification Number (Required)
Account Owner (First name) (Required) (M.I.)
Account Owner (Last name) (Required)
Telephone Number
Beneficiary (First name) (Required) (M.I.)
Beneficiary (Last name) (Required)

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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.

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 College SAVE Plan 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 understand that my 529 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 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 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 that the Roth IRA rollover is subject to applicable contribution limits for the taxable year.

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