



# WA529 Invest Direct Rollover Out to Roth IRA Form

- Complete this form to initiate a direct rollover of assets from your WA529 Invest Account to an existing Roth IRA account established for the benefit of the Beneficiary.
- WA529 Invest (Program) is required to issue an IRS Form 1099-Q to the Beneficiary when you roll funds from your WA529 Invest Account to a Roth IRA. The 1099-Q will be mailed to the Beneficiary's address you currently have on file. If the address has changed, please update it by logging into your Account or by submitting a [Profile Change](#) Form.
- Your rollover will be processed out of your WA529 Invest 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.

To request assistance in completing this form call us at **1-844-529-5845** Monday to Friday 8 a.m. - 7 p.m. PT.

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Monday to Friday 8 a.m. - 7 p.m. PT

**529invest.wa.gov**

Regular mailing address:  
**WA529 Invest**  
**PO Box 219072**  
**Kansas City, MO 64121-9072**

Overnight mailing address:  
**WA529 Invest**  
**1001 E 101st Terrace, Suite 200**  
**Kansas City, MO 64131**

## 1. WA529 Invest Account Information

—

Account Number **(Required)**

—  —

Account Owner/Custodian Social Security Number or Individual 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)**

—  —

Beneficiary Social Security or Individual Taxpayer Identification Number **(Required)**



**2. Roth IRA Manager or Custodian (Financial Institution)**

The receiving Roth IRA must have the same Account Owner name and Social Security number or Individual Taxpayer Identification Number as the Beneficiary of your WA529 Invest Account. Please contact the receiving Roth IRA Program Manager or Custodian for proper mailing address.

Roth IRA Account Owner Name *(This must be the Beneficiary of the 529 Account being rolled over)*

Account Number of Roth IRA

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

Address of Receiving Roth IRA Manager or Custodian

City

State

Zip Code



Telephone Number

**3. Instructions to WA529 Invest**

The assets described below will be moved from your WA529 Invest Account to 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 WA529 Invest Account to the Roth IRA indicated in Section 2.**

B.  **Roll over a partial pro-rated amount of the assets to the Roth IRA.**

\$ ,  .

Amount

C.  **Roll over a partial fund specific amount of the assets to the Roth IRA.**

**Important:** If the dollar amount you indicate for a particular Portfolio exceeds the total balance in the Portfolio as of the previous market close, we will liquidate the total balance of that Portfolio.

Name of Portfolio	Dollar amount <i>(For partial amounts.)</i>	OR	Total balance <i>(Check if applicable.)</i>
<input type="text"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	□	<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	□	<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	□	<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	□	<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	□	<input type="checkbox"/>

**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 WA529 Invest Program Details 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 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 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.

SIGNATURE

Signature of Account Owner

□□ — □□ — □□□□

Date (mm-dd-yyyy)