



CollegeBound 529

Direct Rollover Out to Roth IRA Form

- Complete this form to initiate a direct rollover of assets from your CollegeBound 529 Account to an existing Roth IRA account established for the benefit of the Beneficiary.
- The 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 CollegeBound 529 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 CollegeBound 529 Account.
- Complete all sections in blue or black ink and print in capital letters. Be sure to sign and date this form.

1.877.615.4116

 8 a.m. to 8 p.m. Eastern Time M-F

 **www.collegebound529.com**

Regular mailing address:
CollegeBound 529
P.O. Box 55987
Boston, MA 02205-9722

Overnight mailing address:
CollegeBound 529
95 Wells Ave, Suite 155
Newton, MA 02459

Terms used in the Form not otherwise capitalized have the same meaning as those terms in the CollegeBound 529 Program Description ("Program Description").

Forms can be downloaded from our website at www.collegebound529.com, or you can call us to order any form — or to request assistance in completing this form call us at **1.877.615.4116**, Monday through Friday from 8 a.m. – 8 p.m. ET.

1. CollegeBound 529 Account Information

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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)**

 — —

Beneficiary Social Security or 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 Taxpayer Identification number as the Beneficiary of your CollegeBound 529 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

City

State

State

Zip Code

Zip Code

Telephone Number

Telephone Number

3. Instructions to CollegeBound 529

The assets described below will be moved from your CollegeBound 529 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 CollegeBound 529 Account to the Roth IRA indicated in Section 2.**

B. **Roll over a portion of the assets in my 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 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.)
<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<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.

- I understand that the IRS may issue guidance that could impact a rollover from my Account to a Roth IRA. 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 Program 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 CollegeBound 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 CollegeBound 529 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 CollegeBound 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 CollegeBound 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

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Date (mm-dd-yyyy)