

529 to Roth IRA Rollover Form

Use this form to request a rollover from your 529 account to a Roth IRA account. If you have questions completing this form, please call us toll free at 1.888.244.5674, Monday through Friday, 8:00 am to 7:00 pm, ET.

Withdrawals from a 529 account may be rolled over to a Roth IRA owned by the Designated Beneficiary tax-and penalty free, subject to the following requirements and limitations:

Requirements:

1. The Account has been maintained for the benefit of the Designated Beneficiary for a period of at least 15 years ending on the date of the withdrawal;
2. The amount of the rollover (including the earnings attributed thereto) must have been contributed to the 529 account at least five years prior to the date of such rollover;
3. For each taxable year in which a withdrawal is rolled over to a Roth IRA, the Designated Beneficiary had earned income in an amount equal to or greater than the amount of the rollover; and
4. The withdrawal is paid in a direct trustee-to-trustee transfer to a Roth IRA maintained for the benefit of the Designated Beneficiary.

Limitations:

1. Annual Limitation: The amount of the rollover may not exceed the annual contribution limit for a Roth IRA, reduced by the amount of aggregate contributions made during the taxable year to all IRAs maintained for the benefit of the Designated Beneficiary. See IRS publication 590-A for current Roth IRA contribution limits; and
2. Lifetime Limitation: The total aggregate amount rolled over to a Roth IRA for the Designated Beneficiary cannot exceed \$35,000 for the current taxable year and all prior years combined.

Please print or type, and keep a copy of this form for your records. Send your completed form to the following address:

Regular Mail:

Future Scholar 529 Plan
P.O. Box 219812
Kansas City, MO 64121-9812

Overnight Mail:

Future Scholar 529 College Savings Plan
801 Pennsylvania Ave STE 219812
Kansas City, MO 64105-1307

I. Current Account Information

A. Designated Beneficiary's Account Information

Current Account Number

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Designated Beneficiary's First name

Middle initial

Last name

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Designated Beneficiary's Social Security number

Date of Birth (MM/DD/YY)

B. Account Owner Information

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First Name
Account Owner or UGMA/UTMA Minor

MI

Last Name

Date of Birth (MM/DD/YY)

Social Security Number

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First Name
Co-Account Owner or UGMA/UTMA Custodian

MI

Last Name

Date of Birth (MM/DD/YY)

Social Security Number

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Name of Trust or Entity (if applicable)

Trust date (MM/DD/YY) (if applicable)

Taxpayer Identification Number (if applicable)

II. Existing 529 Account Information

Note: You are solely responsible for determining that the amount specified below is eligible to be rolled over to a Roth IRA. See the summary of requirements and limitations on Page 1. Ineligible rollovers are Non-Qualified Withdrawals subject to taxes and penalties as described in the Program Description.

- ☐ Transfer entire Account balance and keep open.¹
- ☐ Transfer entire Account balance and close.²
- ☐ Partial rollover as detailed below.

Portfolio name		Portfolio number		Amount		Percentage
_____	OR	☐ ☐ ☐ ☐		\$ _____	OR	_____ %
_____	OR	☐ ☐ ☐ ☐		\$ _____	OR	_____ %
_____	OR	☐ ☐ ☐ ☐		\$ _____	OR	_____ %
_____	OR	☐ ☐ ☐ ☐		\$ _____	OR	_____ %
Total				\$ _____	OR	_____ %

1 Any ongoing Automatic Contribution Plans will continue. If the account is zeroed out, and remains unfunded for two years, the account will automatically close.
2 Account will be closed and Automatic Contribution Plans will be discontinued. If you contribute to your Account through payroll deduction, you must notify your employer to cancel further contributions.

III. Roth IRA Custodian Payee Information

Note: You may wish to contact the current Roth IRA custodian or trustee to ensure you are providing the correct mailing address and contact information. The beneficiary of the 529 account and the Roth IRA account owner must be the same person. Make check payable to and mail as indicated below.

Name of Roth IRA Custodian

Current Roth IRA Account Number

Roth IRA Account Owner First Name

Middle Initial

Last name

Roth IRA Custodian Street Address

City

State

Zip Code

Contact Person Name for Roth IRA Custodian

Phone Number

IV. Delivery Method for Checks (if applicable)

Please select a delivery method for checks. If no method is indicated, checks will be sent First Class mail via USPS.

- ☐ First-class mail via USPS. (At least 10-14 business days. Subject to US Postal Service Delivery times.)
- ☐ Expedited Delivery (\$15 fee applies). The expedited payment fee will be applied to the portfolio from which the withdrawal is processed. If withdrawals from multiple portfolio’s are requested, the fee will be applied to the lowest portfolio. (For physical address, expedited checks are sent via UPS and are delivered within 2-3 business days. For PO BOX addresses, checks are sent via US Postal Express and are delivered within 4-5 business days.)

V. SIGNATURE

- I am solely responsible for determining that the requested transaction meets the requirements and limitations for an eligible rollover as summarized on page 1.
- I understand that it is my responsibility to adhere to the current federal regulations and applicable IRA contributions limits.
- I hereby indemnify and hold harmless the Program, the Treasurer, the State of South Carolina, the Program Manager and their affiliates and related entities, any successor Program Manager, and any agents or representatives of any of the foregoing, from and against any and all loss, damage, liability or expense, including reasonable attorney’s fees, that any of them may incur by reason of, or in connection with, the requested transaction.

First Name Account Owner or UGMA/UTMA Minor	MI	Last Name	Date of Birth (MM/DD/YY)	Social Security Number
First Name Co-Account Owner or UGMA/UTMA Custodian	MI	Last Name	Date of Birth (MM/DD/YY)	Social Security Number
Name of Trust or Entity	Trust date (MM/DD/YY) if applicable	Taxpayer Identification Number		

The registered account owner(s) must print and sign below. A Medallion Signature Guarantee is **only** required if you are not the registered account owner and are acting in a special capacity as an authorized individual (successor trustee, power of attorney, etc.). Please print, sign and indicate your capacity below.

Print Name of Account Owner or Authorized Individual	Print Name of Co-Account Owner or Authorized Individual
X Signature of Name of Account Owner or Authorized Individual	X Signature of Name of Co-Account Owner or Authorized Individual
Capacity (Required for Authorized Individual)	Capacity (Required for Authorized Individual)
Date (MM/DD/YYYY)	Date (MM/DD/YYYY)

Affix Medallion Signature Guarantee Stamp here

Guarantor, please do not affix the guarantee unless all of the information on this page has been completed.

Affix Medallion Signature Guarantee Stamp here

Guarantor, please do not affix the guarantee unless all of the information on this page has been completed.

The Transfer Agent may require a Medallion Signature Guarantee for your signature in order to process certain transactions. A Medallion Signature Guarantee helps assure that a signature is genuine and not a forgery. A Medallion Signature Guarantee must be provided by an eligible guarantor institution including, but not limited to, the following: bank, credit union, savings association, broker or dealer, that participates in the Securities Transfer Association Medallion Program (STAMP), the Stock Exchange Medallion Program (SEMP) or the New York Stock Exchange Medallion Signature Program (MSP). Notarization by a notary public is not an acceptable signature guarantee. The Transfer Agent reserves the right to reject a signature guarantee and to request additional documentation for any transaction.

