## New York's 529 Advisor-Guided College Savings Program

## Advisor Guided College Savings Program

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

- Complete this form to initiate a direct rollover of assets from your New York's 529 Advisor-Guided College Savings Program® (the "Advisor-Guided Plan" or the "Plan") 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 Advisor-Guided 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.
- If you are a New York State taxpayer, a Federal Qualified Withdrawal where the proceeds are used to make a Roth IRA Rollover is considered a New York Nonqualified Withdrawal, and the withdrawal will require the recapture of any New York State tax benefits that have accrued on contributions.
- Terms used in this Form not otherwise capitalized have the same meaning as those terms in the Disclosure Booklet and Tuition Savings
  Agreement ("Disclosure Booklet").

Forms can be downloaded from our website at **www.ny529advisor.com**, or you can call us to order any form—or request assistance in completing this form—at **1.800.774.2108** any business day from 8 a.m. to 6 p.m. Eastern time.

Return this form and any other required documents to:

For overnight delivery or registered mail, send to:

New York's 529 Advisor-Guided College Savings Program P.O. Box 55498 Boston, MA 02205-5498

New York's 529 Advisor-Guided College Savings Program 95 Wells Avenue, Suite 155 Newton, MA 02459

4	A .l	DI	Λ	IC
1.	Advisor-Guided	rian	Account	Intormation

count Number (Required)	
cial Security Number or Taxpayer Identification Number ( <i>Required</i> )	
count Owner (First name) (Required)	(M.I.)
count Owner (Last name) (Required)	
lephone Number	
neficiary (First name) (Required)	[] (M.I.)
ineficiary (Last name) (Required)	
neficiary Social Security or Taxpayer Identification Number ( <b>Required</b> )	

\* N Y A D V R O T H R O L L \*

2. Roth IRA Manager or Custodian (Financial Institution	2.	<b>Roth IRA</b>	Manager	or Custodian	(Financial	Institutio
---	----	-----------------	---------	--------------	------------	------------

C	Amount		- f		-:£:- I		4	4 Daus	falia	. i	A .		4 4.	. 4h.a	Do	4L II	DA:.	.d:a		d :	C	4:	. 2		
	\$		Will be	Tako			111700	tinoni	TOTE	0110 01	Тар	оро	rtion	ui bu	010.										
В.	Roll ove								-							dica	ted i	in S	ect	ion 2	2. Tł	ne ar	noun	t	
Α.	Roll ove	r all of	the as	sets	in my	Adv	isor-(	Guide	d Pla	n Ac	coun	t to	the l	Roth	IR/	A in	dica	ted	in S	ecti	on 2	2.			
Check	one.																								
	value of t Beneficia			•						-								tor	the	taxal	ole y	ear	appli	cabl	9 to
indicat	ed in Sec	tion 2.																							
	sets desci							Advis	or-Gu	ided F	lan <i>i</i>	Acco	unt 1	o the	e Ro	th II	RA a	CCOL	ınt a	at the	e Fin	anci	al Ins	stitu <sup>.</sup>	tion
Instri	ıctions	to the	ivhΔ	sor-	Guid	ed F	Plan																		
Telepho	ne Number			L		_																			
City				_ [		7							State	)		ZIP (	Code								
																					] –	-			
Address	of Receivin	g Roth IR <i>A</i>	⊥ L	ger or (	Custodia	L an																			⅃∟
INAIIIE U	Receiving I		nanaye		Stoulall	USUai	ıy a rıı. ] [ ]	lalicial i											1	7	7	7		1	7
	Number of	Roth IRA																							
Account																									

## 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 additional guidance that may impact a rollover from my Advisor-Guided Plan Account to a Roth IRA. I also understand that 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 New York's 529 Advisor-Guided
  College Savings Plan Disclosure Booklet and Tuition Savings Agreement, 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 Advisor-Guided Plan 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 Advisor-Guided Plan Account has been open
  and the amount of assets in my Advisor-Guided Plan 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 of my 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.
- I understand if I am a New York State taxpayer, a Federal Qualified Withdrawal where the proceeds are used to make a Roth IRA Rollover is considered a New York Nonqualified Withdrawal, and the withdrawal will require the recapture of any New York State tax benefits that have accrued on contributions.

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