

ROLLOVER TO ROTH IRA

✓ USE THIS FORM TO:

Distribute assets from your T. Rowe Price College Savings account and roll them over directly to a Roth IRA account registered to the Beneficiary of this T. Rowe Price College Savings account.

✗ DO NOT USE THIS FORM TO:

Initiate a rollover between another 529 plan and your T. Rowe Price College Savings account. Call us for further instructions.

This paper clip indicates you may need to attach documentation.

RETURN THIS FORM TO: EXPRESS MAIL ONLY:

T. Rowe Price
P.O. Box 17302
Baltimore, MD 21297-1302

T. Rowe Price
Mail Code 17302
4515 Painters Mill Road
Owings Mills, MD 21117-4903

Capitalized terms not otherwise defined on this form have the meanings set forth in the Plan Disclosure Document.

1 ACCOUNT INFORMATION

Provide the Account information below.

Account Holder (Trust name, if applicable)		SSN (Last four digits)
Beneficiary		SSN (Last four digits)
Custodian/Trustee (if applicable)		SSN (Last four digits)
Day Phone	Evening Phone	
Portfolio Name		Account Number
<input type="checkbox"/> Full Account*	<input type="checkbox"/> Partial Account: \$	

*If the distribution is for the full Account balance, the Account will close, and any Automatic Monthly Contributions (AMC) will stop unless you check here:

Continue AMC.

For more Accounts, check this box and attach a [separate page](#).

2 ROTH IRA INFORMATION

Checks will be payable to the Roth custodian FBO the Beneficiary; the 529 Beneficiary's SSN will be used for tax reporting per IRS requirements. Checks will be sent to the address you provide below.

Contact the Roth IRA custodian¹ to determine if there are any additional requirements to process your request.

Roth IRA Custodian Name		
Roth IRA Account Number		
Address—Line 1		
Address—Line 2		
City	State	ZIP Code

¹An IRA custodian is a bank or similar regulated institution that has been approved by the IRS to hold IRAs.

3 SIGNATURE

By signing this form, I understand and hereby certify that:

- I authorize the rollover from my Account based on the information on this form and any attachments.
- The information on this form is accurate, and I agree to indemnify and hold harmless the Trust, T. Rowe Price, and the University for any claims arising as a result of misrepresentations made by me.
- If I am withdrawing my entire Account balance, I understand that my Account will be closed.
- I understand that it is my responsibility to maintain accurate records as may be required by the IRS to substantiate this distribution.
- All signatures on this form are genuine signatures of the respective individuals or their legal guardians.
- I understand that it is my responsibility (and, in certain cases, the responsibility of the Beneficiary/Roth Owner) to ensure that these assets qualify to be rolled over to a Roth IRA registered to the Beneficiary, including the requirements that 1) the Account must have been maintained for at least 15 years; 2) only contributions (and any earnings attributable thereto) made more than five years prior can be rolled over; 3) the amount eligible for rollover cannot exceed the IRA contribution limit for that tax year; and 4) there is an aggregate, lifetime limit of \$35,000 per Beneficiary.
- I understand that the acceptance of these instructions by Alaska 529 and T. Rowe Price does not ensure that the assets will be accepted by the Roth custodian or recognized as tax-free by the IRS.
- I understand that state tax treatment may vary even if the distribution is considered qualified by the IRS.

SIGNATURE AND DATE REQUIRED

Account Holder, Custodian (if Account Holder is a minor), or Trustee(s)	Date (mm/dd/yyyy)
X	
Print Name	

