

ROLLOVER TO ROTH IRA



✓ USE THIS FORM TO:

Distribute assets from your Alaska 529 account and roll them over directly to a Roth IRA account registered to the Beneficiary of this Alaska 529 account.

✗ DO NOT USE THIS FORM TO:

Initiate a rollover between another 529 plan and your Alaska 529 account. Call us for further instructions.

This paper clip indicates you may need to attach documentation.

RETURN THIS FORM TO: EXPRESS MAIL ONLY:

Alaska 529	Alaska 529
P.O. Box 17302	Mail Code 17302
Baltimore, MD 21297-1302	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/Purchaser (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 IRA custodian¹ FBO the Beneficiary; the Alaska 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 ¹ 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(S)

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 of Alaska 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	

3A UNIVERSITY OF ALASKA PORTFOLIO ACCOUNTS ONLY

All parties must consent to the transaction by signing below. This is only applicable to University of Alaska Portfolios with an Account number smaller than 6655 that have an identified Purchaser and/or Alternate Beneficiary(ies).

Purchaser Consent

By signing below, I hereby consent to and authorize this distribution. I understand that my consent waives any and all rights I may have to the Account and that I will be removed from the Account registration. I certify that this approval is given by my own free will and that I did not and will not receive any compensation or other consideration in exchange for this consent.



SIGNATURE AND DATE REQUIRED

Purchaser	Date (mm/dd/yyyy)
X	
Print Name	

Alternate Beneficiary Consent

By signing below, I hereby consent to and authorize this distribution. I certify that this approval is given of my own free will and that I did not and will not receive any compensation or other consideration in exchange for this consent. I understand that my consent waives any and all rights I may have to the Account and that I will be removed from the Account registration. If this consent is being given on behalf of an unemancipated minor, I further certify that I am legally authorized to act on behalf of said minor.

SIGNATURE(S) AND DATE(S) REQUIRED

1. Alternate Beneficiary or Legal Guardian	Date (mm/dd/yyyy)
X	
1. Print Name	
2. Alternate Beneficiary or Legal Guardian	Date (mm/dd/yyyy)
X	
2. Print Name	
3. Alternate Beneficiary or Legal Guardian	Date (mm/dd/yyyy)
X	
3. Print Name	

