

# IAdvisor 529 Plan Roth IRA Rollover Request



## ABOUT ROTH IRA ACCOUNTS

*For Iowa income tax purposes, a rollover to a Roth IRA will not be treated as a non-qualified rollover and will be subject to recapture to the extent previously deducted as a contribution. State tax treatment of a rollover from a 529 plan into a Roth IRA is determined by the state where you file state income tax. Account owners and beneficiaries should consult with a qualified tax professional before rolling over funds from their 529 plan to contribute to a Roth IRA. You are responsible for determining the eligibility of a 529 plan to Roth IRA rollover including tracking and documenting the length of time the 529 plan account has been opened and the amount of assets in your 529 plan account eligible to be rolled into a Roth IRA.* Tax-free and penalty-free rollovers from a IAdvisor 529 Plan account to the beneficiary's Roth IRA account are subject to certain conditions. The IAdvisor 529 Plan account must have been open for at least 15 years. The IAdvisor 529 Plan beneficiary must be the same as the Roth IRA account holder. Rollovers to the Roth IRA account may not exceed the total amount contributed to the IAdvisor 529 Plan account (including related earnings) before the 5-year period prior to the rollover, and the rollover amount is limited by the beneficiary's earned income and the annual Roth IRA contribution limits per the IRS minus all other IRA contributions made during the year for the same beneficiary. Rollover amounts from all 529 plan accounts into a Roth IRA may not exceed \$35,000. The U.S. Treasury Department and IRS may issue interpretative guidance in the future that may affect the tax treatment of 529-to-Roth IRA Rollovers. Please consult a tax advisor for more information specific to your situation.

## ABOUT THIS FORM

- Complete this form to roll funds from your IAdvisor 529 Plan account into a Roth IRA.
- A rollover request using this form will be issued as a check and mailed according to the information provided in section 3.
- To learn about the rules governing rollover requests, refer to IAdvisor 529 Plan's Program Description, available online at [www.iadvisor529.com](http://www.iadvisor529.com) or by calling toll-free at 800-774-5127.

## IMPORTANT INFORMATION ABOUT YOUR ROTH IRA ROLLOVER REQUEST

- **Rollovers from different types of accounts must be requested separately. For example, if your beneficiary has both an individual account and an UGMA/UTMA account, you would need to submit separate rollover requests from each separate account.**
- The beneficiary of the IAdvisor 529 Plan account and the Roth IRA account owner must be the same person.
- You must establish your Roth IRA account before requesting a rollover. If the Roth IRA trustee requires a Certification form, please have that form completed and on file with the Roth IRA Trustee before submitting the rollover request from your IAdvisor 529 Plan account. Funds can be sent only to the Roth IRA trustee.
- Requests in good order will usually be completed within three business days after IAdvisor 529 Plan receives this form. Also, please allow up to two weeks for your check to arrive.
- Accounts initiating a roll over, whether partial or full rollover, will be charged a \$75 fee.

## TAX REPORTING INFORMATION

- IAdvisor 529 Plan will file IRS Form 1099-Q each year that a rollover is issued from an account. This form states the total amount (including the principal and earnings portions) of the rollover.

## NEXT STEPS

- Please print clearly—preferably in capital letters, using black or blue ink.

## SUBMITTING THIS FORM

- To facilitate this rollover request, please provide a copy of a recent account statement from the Roth IRA (first page only).
- To ask questions about completing this form, contact IAdvisor 529 Plan toll-free at 800-774-5127 on business days from 8 a.m. to 6 p.m. EST.

## 1 IAdvisor 529 Plan Account Information

IAdvisor 529 Plan Account Number	Account Owner's Last Name	First Name	
Home Phone	Work Phone	Email	
Agent's Last Name*	First Name	Home Phone	Work Phone
Beneficiary's Last Name	First Name		

\*Information required only if the account owner and agent are different.

## 2 Rollover Amount

- If liquidating your holdings in IAdvisor 529 Plan generates less money than the requested amount, the request will be completed using only the money available.
- If you rollover the full balance, IAdvisor 529 Plan will close your account and cancel automated contributions (if any) unless you check the *Leave this account open* box.
- If you rollover a partial balance, you will need to select Net or Gross. Net will be your total requested rollover amount plus the \$75 fee. Gross will be your total requested rollover amount which will include the \$75 fee.

**Please note the following statutory limits with regard to the amount of the rollover:**

- There is a \$35,000 lifetime limit on rollovers from a 529 account to a Roth IRA.
- Annual rollover amounts must not exceed the annual Roth IRA contribution limits per the IRS.
- Moneys rolled over may not include any funds contributed to the IAdvisor 529 Plan account in the past five years (including any earnings on those contributions).

**First, indicate the rollover amount by completing either box 1 or 2:**

1	<input type="checkbox"/> Net Partial-Balance Rollover	\$ _____
	<input type="checkbox"/> Gross Partial-Balance Rollover	\$ _____

**OR**

2	<input type="checkbox"/> Full-balance rollover.
	<input type="checkbox"/> Leave this account open. <i>Your account(s) for this beneficiary will be closed unless you check this box.</i>

**If liquidating multiple options from your 529 please complete the below:**

_____	\$
Investment Option	Amount
_____	\$
Investment Option	Amount
_____	\$
Investment Option	Amount
_____	\$
Investment Option	Amount

## 3 Payee

**Trustee-to-Trustee Rollover:** *This money will be rolled over directly to an account with a qualified Roth IRA trustee for the same beneficiary as the IAdvisor 529 Plan account.*

*Fill in the information below about the Roth IRA account.*

\_\_\_\_\_  
Qualified Roth IRA Trustee

\_\_\_\_\_  
Roth IRA Account Owner

\_\_\_\_\_  
Roth IRA Account Number (Required)

\_\_\_\_\_  
Roth IRA Account Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

\_\_\_\_\_  
Contact Person Name

\_\_\_\_\_  
Phone

I certify that:

- The Roth IRA account owner is the same as the beneficiary of the IAdvisor 529 Plan account.

## 4 Signature Authorization

By signing below,

- I understand that Iowa law has not changed and this transfer is considered a nonqualified withdrawal under Iowa law and would be considered nonqualified for Iowa state tax purposes and would be subject to recapture in most situations.
- I authorize IAdvisor 529 Plan to make the requested Roth IRA rollover.
- I understand that this rollover request cannot be stopped once the rollover has been initiated.
- If the account is a UGMA/UTMA account, I certify that I am the agent of the account and the withdrawal request is necessary for the welfare and benefit of the beneficiary.
- If the account is owned by a trust, corporation, or other entity, I certify that I am authorized to act on its behalf.
- I understand that the beneficiary will be responsible for any reporting of rollovers on their income tax return for the tax year of the rollover and for paying any related taxes or penalties.
- I understand that if my Roth IRA rollover is rejected, the funds will be reinvested to my IAdvisor 529 Plan account as a new contribution.
- I understand that I must have already opened a Roth IRA account and I have verified that the Roth IRA Trustee will accept this rollover.
- I certify that the following is true and correct:
  - I have had this 529 account for a minimum of 15 years.
  - The amount of this rollover does not exceed the total amount contributed to the IAdvisor 529 Plan account (and related earnings) before the 5-year period prior to the rollover.
  - This rollover will not cause me to exceed the annual maximum limitation on Roth IRA contributions.



\_\_\_\_\_

Account Owner/Agent Signature

\_\_\_\_\_

Date (mm/dd/yyyy)

\_\_\_\_\_

Account Owner/Agent Name (please print)

\_\_\_\_\_

Title (if signed on behalf of a trust, corporation, or other institution)

## 5 Contact Us

8:00am to 6:00pm Eastern Standard Time, M-F

**Customer Service: 1-800-774-5127**

**Completed Forms should be mailed to:**

IAdvisor 529 Plan  
c/o Voya Investment Management  
P.O. Box 534469  
Pittsburgh, PA 15253-4469

**Overnight address:**

IAdvisor 529 Plan  
Attention: 534469  
500 Ross Street 154-0520  
Pittsburgh, PA 15262

[www.IAdvisor529.com](http://www.IAdvisor529.com)