

Important information about this form:

- Fill out this form to make a full or partial rollover from your DreamAhead College Investment Plan (“DreamAhead”) account to a Roth IRA account.
- Carefully read the Program Details Booklet before completing this form. This rollover may have tax consequences. The Account Owner and Beneficiary/Roth IRA Owner are solely responsible for complying with all relevant federal and state laws and IRS requirements, including any rules or guidance released by the IRS in the future. You should speak with a qualified tax professional prior to making a 529 to Roth IRA rollover.
- We are required to file an IRS Form 1099-Q when you make a rollover from your 529 account.
- Use black ink to type or print clearly, and do not staple the sheets together.

Important information about 529 to Roth IRA Rollover

Assets in a 529 Qualified Tuition Program (“529 Plan”) account must meet all IRS requirements and guidelines to be moved to a Roth IRA owned by the 529 Plan account Designated Beneficiary via a direct rollover. **The information below is not intended as legal or tax advice**, nor can it be cited as such, as it does not constitute a complete description of IRS requirements or guidance. Requirements include:

- A. The Roth IRA must be owned by the 529 Plan account Designated Beneficiary.
- B. The 529 Plan account must have been maintained for at least 15 years.
- C. The rollover may not exceed the aggregate amount of contributions (and earnings that are attributable to such contributions) to the 529 Plan account made prior to the five year period ending on the date of the rollover.
- D. The rollover from the 529 Plan account must occur after December 31, 2023.
- E. The rollover will be issued in the form of a check payable to: “IRA Custodian, FBO [the 529 Beneficiary/Roth IRA owner’s name].”
- F. The 529 to Roth IRA rollover limit is subject to a lifetime maximum of \$35,000, for all rollovers from any 529 Plan account to any Roth IRA owned by the applicable 529 Plan beneficiary, and an annual maximum equal to the general Roth IRA contribution limit for the Designated Beneficiary each year.
 - a. Maximum annual Roth IRA contribution limits can be found on the IRS website at: <https://www.irs.gov/retirement-plans/traditional-and-roth-iras>.

Need help?

Give us a call Monday – Friday
from 6am – 5pm PT at
1-844-529-5845

Individuals with speech or hearing disabilities may dial 711 to access Telecommunications Relay Service (TRS) from a telephone or TTY.

Mail the form to:

DreamAhead College
Investment Plan
P.O. Box 534421
Pittsburgh, PA 15253-4421

Overnight Mail:

DreamAhead College
Investment Plan
Attention: 534421
500 Ross Street, 154-0520
Pittsburgh, PA 15262

Fax:

833-286-8313

1 DreamAhead Account Owner Information

IMPORTANT: Distributions paid directly to the Owner or Beneficiary of a 529 account are not eligible for future tax-/penalty-free rollovers to a Roth IRA. Therefore, rollover checks will be made payable to the Roth IRA Custodian named in Step 3 “FBO [DreamAhead Beneficiary/Roth IRA Owner]”. The check will be mailed to the Roth IRA Custodian. We suggest you consult with your Roth IRA Custodian for information on further processing prior to filling out this form. Please note that if the rollover amount exceeds in whole or in part the applicable limits on the 529 to Roth IRA rollovers, such excess will be subject to applicable federal and state income taxes, including tax penalties applicable to non-qualified distributions for a 529 Plan account.

DreamAhead Account Number (May be 12 or 13 digits)

Name of Account Owner (First and last)

____ - ____ - ____
Account Owner’s Social Security or Taxpayer Identification Number

____ - ____ - ____
Account Owner’s Telephone number

2 DreamAhead Beneficiary/Roth IRA Owner Information

Name of Beneficiary/Roth IRA Owner (First and last)

____ - ____ - ____
Beneficiary/Roth IRA Owner’s Social Security or Taxpayer Identification Number

____ - ____ - ____
Beneficiary/Roth IRA Owner’s Telephone number

Beneficiary/Roth IRA Owner’s Mailing address

This is the address to which your 1099-Q will be sent.

Street address 1

Street address 2

City

____ - ____ - ____
State Zip Code

3 Roth IRA Rollover Instruction (All fields required)

Please indicate whether this is a full or partial rollover.

Check here if this is a **full rollover**. This will liquidate your 529 account.

The value of the full rollover is dependent upon the market value of the account at the time the liquidation is processed. Please be aware that the Roth IRA custodian may reject full rollovers that exceed the annual contribution maximum and such excess will be subject to applicable federal and state income taxes, including tax penalties applicable to non-qualified distributions for a 529 Plan account.

Check here if this a **partial rollover**. Please Complete **Step 4**.

Please indicate the tax year(s) to which this rollover applies.

If you indicate more than one contribution year, please advise your Roth IRA custodian on how you would like your rollover applied. **IMPORTANT:** Prior year contributions can only be made until the current year's tax day – typically April 15th. Please refer to the irs.gov website for the current and prior tax year contribution limits.

20 ____ \$ __ , ____ . ____
Current year contribution Amount

20 ____ \$ __ , ____ . ____
Prior year contribution Amount

Name of Receiving Roth IRA Custodian (Check will be sent to the Roth IRA Custodian and be made payable to Roth IRA Custodian, FBO DreamAhead Account Beneficiary/Roth IRA Owner)

Roth IRA Account Number

Roth IRA Custodian Mailing address

Address 1

Address 2

City

State

____ - ____ - ____
Zip Code

4 Partial Rollover – Source Fund Election

Only complete this section if you selected “Partial Rollover” in **Step 3**.

Indicate the amount to be withdrawn from the portfolios of your choosing. Be sure to only elect from portfolios in which you currently have a balance. (See Appendix on page 7 for Portfolio Codes.)

_ _ _ _		\$ _ _ , _ _ _ . _ _
Code	Portfolio Name	Amount

_ _ _ _		\$ _ _ , _ _ _ . _ _
Code	Portfolio Name	Amount

_ _ _ _		\$ _ _ , _ _ _ . _ _
Code	Portfolio Name	Amount

_ _ _ _		\$ _ _ , _ _ _ . _ _
Code	Portfolio Name	Amount

_ _ _ _		\$ _ _ , _ _ _ . _ _
Code	Portfolio Name	Amount

	\$ _ _ , _ _ _ . _ _
	Total rollover amount

5 Sign the form

The signature and acknowledgement of both the DreamAhead account owner and Beneficiary/Roth IRA Owner are required. In the event the two are the same, a signature is required in each space below, or the request may not be processed.

DreamAhead Account Owner Attestation

- As the Account Owner of the DreamAhead account, by signing below, I understand that the IRS may issue guidance that may impact a rollover from the 529 Account to a Roth IRA. I also understand that additional restrictions may apply under federal Roth IRA rules and guidance.
- I certify that I have read, understand, consent, and agree to all of the terms and conditions of the Plan Disclosure Booklet, 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 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 Account has been open and the amount of assets in my 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.
- In the event that these funds must be returned to the 529 account I understand that it will be treated as a new contribution to the 529 account and will therefore no longer be eligible to rollover to a Roth IRA for five years.
- I also agree that neither the DreamAhead College Investment Plan Program Manager, nor the DreamAhead College Investment Plan Custodian nor the State of Washington shall have responsibility for any such tax consequences or any other consequences resulting from this amount being deemed ineligible for rollover in whole or in part.

Signature of DreamAhead Account Owner

___ / ___ / ___
Date (mm/dd/yyyy)

continued from page 5

DreamAhead Beneficiary / Roth IRA Owner Attestation:

- As the Owner of the Roth IRA account, by signing below, I certify that I am also the Beneficiary of the DreamAhead account referenced above.
- I understand that the IRS may issue guidance that may impact a rollover from the 529 Account to a Roth IRA. I also understand that additional restrictions may apply under federal Roth IRA rules and guidance.
- I certify that I have read, understand, consent, and agree to all of the terms and conditions of the Plan Disclosure Booklet, 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 the 529 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 the 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 the Account has been open and the amount of assets in my 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 the 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.
- In the event that these funds must be returned to the 529 account I understand that it will be treated as a new contribution to the 529 account and will therefore no longer be eligible to rollover to a Roth IRA for five years.
- I also agree that neither the DreamAhead College Investment Plan Program Manager, nor the DreamAhead College Investment Plan Custodian nor the State of Washington shall have responsibility for any such tax consequences or any other consequences resulting from this amount being deemed ineligible for rollover in whole or in part.

Signature of the DreamAhead Account Beneficiary / Roth IRA Owner

___ / ___ / ___
Date (mm/dd/yyyy)