New York's 529 Advisor-Guided College Savings Program

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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.
- 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:

Beneficiary Social Security or Taxpayer Identification Number (Required)

For overnight delivery or registered mail, send to:

New York's 529 Advisor-Guided College Savings Program

New York's 529 Advisor-Guided College Savings Program P.O. Box 55498

95 Wells Avenue, Suite 155 Newton, MA 02459

Boston, MA 02205-5498

Advisor-Guided Plan Account Information						
Account Number (Remained)						
Account Number (Required)						
Social Security Number or Taxpayer Identification Number (<i>Required</i>)						
Account Owner (First name) (Required) (M.I.)						
Account Owner (Last name) (Required)						
Telephone Number						
Beneficiary (First name) (Required) (M.I.)						
Beneficiary (Last name) (Required)						



3.

2.	Roth IRA	Manager	or	Custodian	(Financial	Institution)
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 The receiving Roth IRA must have the same account owr the Beneficiary of your Advisor-Guided Plan Account. Ple mailing address. 	,	. ,
Account Number of Roth IRA		
Name of Receiving Roth IRA Manager or Custodian (Usually a Financial I	Institution)	
Address of Receiving Roth IRA Manager or Custodian		
City	State	Zip Code
Telephone Number		
Instructions to the Advisor-Guided Plan The assets described below will be moved from your Advis indicated in Section 2. The value of the assets being rolled over to the Roth IRA to the Beneficiary for all individual retirement plans main The IRA contribution limits for 2024 and 2025, are \$7,000 Please indicate tax year (fill out a separate form for each tax year.) Check one. A. Roll over all of the assets in my Advisor-Guide B. Roll over or transfer a portion of the assets in a identified below will be taken from each Investment \$	is subject to the annual contrib ntained for the benefit of the Bene of for those under age 50, and \$8,0 and	ution limit for the taxable year applicable ficiary. 100 for those age 50 or older. A indicated in Section 2. Licated in Section 2. The amount
C. Roll over assets from specific Investment Port Important: If the dollar amount you indicate for a	•	
Portfolio as of the previous market close, we will li	•	
Name of Investment Portfolio	Dollar amount (For partial amounts.)	OR Total balance (Check if applicable.)
	\$	
	\$	
	\$	
	\$ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	
	*	
	\$	
IMPORTANT: IF YOU ARE REQUESTING TO TRATHIS BOX TO ACKNOWLEDGE THAT YOU ARE POSSIBLITY THAT (1) IT MAY EXCEED THE AND BENEFICIARY, AND (2) YOU AND/OR THE BEIGHT THIS TRANSFER DOES NOT MEET THE ELIG	DIRECTING THE PLAN TO PRO NNUAL ROTH IRA CONTRIBUT NEFICIARY MAY BE SUBJECT	DCESS THIS REQUEST DESPITE THE TION LIMIT APPLICABLE TO THE TO ADVERSE TAX CONSEQUENCES

TRANSFER FROM A 529 PLAN ACCOUNT TO A ROTH IRA.

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 (*limit includes traditional and Roth IRAs*) maintained for the benefit of the Beneficiary.

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