



# Direct Rollover to a Roth IRA Form

Complete this form to roll funds from your Bright Start College Savings Plan Account to a Roth IRA.

**Return this Form to:**

Bright Start College Savings Program  
P.O. Box 85298  
Lincoln, NE 68501

**Overnight Mail:**

Bright Start College Savings Program  
1248 O Street, Suite 200  
Lincoln, NE 68508

If you have questions, please call us at **877.432.7444**, Monday–Friday, 7 a.m. to 7 p.m. (Central).

## 1. Bright Start Account Information

Account Number: \_\_\_\_\_

Account Owner Name (First, M.I., Last): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Beneficiary Name (First, M.I., Last): \_\_\_\_\_

Date Account Opened: \_\_\_\_\_

(must be open 15 or more years in order to qualify)

## 2. Roth IRA Account Information (Check will be payable to the Roth IRA custodian.)

Account Number: \_\_\_\_\_

Name of Roth IRA Custodian: \_\_\_\_\_

Address of Roth IRA Custodian: \_\_\_\_\_

City, State, Zip (Rollover proceeds will be sent to this address): \_\_\_\_\_

Roth IRA Account Owner (must be the same as your Bright Start Account Beneficiary): \_\_\_\_\_

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

## 3. Amount to Transfer (Check one)

**Total Transfer Amount May Not Exceed:**

**Account Funds Eligible for Rollover:** Rollover-eligible funds are contributions to the Bright Start College Savings Plan (and any earnings attributable thereto) that have been in the account for at least five years.

**Annual Limitation:** IRA Annual Contribution Limit (\$7,000 in 2024), and is reduced by any “regular” traditional or Roth IRA contributions made by the beneficiary in that year.

**Aggregate Limitation:** \$35,000 lifetime maximum per beneficiary

**Entire Balance**

**Entire Balance and Close Account**

**Partial Transfer:** (Check box A or B)

**A.** Partial liquidation in the amount of \$ \_\_\_\_\_ (This amount will be liquidated pro-rata based on the current balances in my Account.)

**B.** Partial liquidation from specific Investment Options

529 Investment Option	Dollar Amount
	\$
	\$
	\$
	\$
<b>Total Distribution Amount:</b>	\$

## 4. Signature and Authorization

As the Bright Start Account Owner or Bright Start Beneficiary/Roth IRA Owner I hereby authorize and direct the Roth IRA Rollover indicated above and certify that I have read the Program Disclosure Statement and understand the rules, requirements, and limitations governing rollovers from Bright Start to a Roth IRA, including:

- The Bright Start 529 Account must have been maintained for the 15-year period ending on the date of the Roth IRA Rollover.
- The amount of the Roth IRA Rollover may not exceed the aggregate amount contributed to the Bright Start Account (and earnings attributable thereto) before the 5-year period ending on the date of the IRA Rollover.
- The Roth IRA Rollover must be made in a direct trustee-to-trustee transfer to a Roth IRA maintained for the benefit of the Beneficiary of the Bright Start Account.
- Each year, the 529-to-Roth IRA Rollover will be subject to annual IRA contribution limits, minus all other IRA contributions made during the year for the same designated beneficiary (for 2024 the limit is \$7,000). All contributions made during the year to individual retirement accounts for the Beneficiary count towards this limit.
- The aggregate amount for all years of Roth IRA Rollovers for the same Beneficiary from all 529 qualified tuition programs may not exceed \$35,000.
- I understand that it is my responsibility to ensure that these assets qualify to be rolled over to a Roth IRA, 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;
  4. There is an aggregate lifetime limit of \$35,000 per Beneficiary.

**\*Under current Illinois law, a Roth IRA Rollover would be an Illinois Nonqualified Withdrawal, subject to recapture of Illinois state tax benefits.**

I certify that all the information contained herein is true and correct.

I acknowledge that the rollover of funds may have special tax and other consequences and that neither the Trustee, Program Manager, nor the Pool will be responsible for the tax and other consequences of any such rollover.

### Signature and Date Required

X \_\_\_\_\_  
Signature of Account Owner, Custodian (UGMA/UTMA Accounts), or Trustee Date

\_\_\_\_\_  
Print Name Here

\_\_\_\_\_  
Title (if other than an individual)

### Signature of Roth IRA Account Owner

X \_\_\_\_\_  
Signature of Roth IRA Account Owner Date

\_\_\_\_\_  
Print Name Here

 **Michael W. Frerichs**  
ILLINOIS STATE TREASURER  
Trustee & Administrator

**UBT**  
Union Bank & Trust  
Program Manager