

Tomorrow's Scholar® 529 Plan

Roth IRA Rollover Request

ABOUT ROTH IRA ACCOUNTS

Tax-free and penalty-free rollovers from a Tomorrow's Scholar® 529 Plan account to the beneficiary's Roth IRA account are subject to certain conditions. The Tomorrow's Scholar® 529 Plan account must have been open for at least 15 years. The Tomorrow's Scholar® 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 Tomorrow's Scholar® 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 (\$7,000 for 2024) minus all other IRA contributions made during the year for the same beneficiary. Therefore, as an example, if the beneficiary has contributed \$2,000 to a Roth IRA in 2024, only \$5,000 may be rolled over from the Tomorrow's Scholar® 529 Plan. 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 Tomorrow's Scholar® 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 Tomorrow's Scholar® 529 Plan's Program Description, available online at www.tomorrowsscholar.com or by calling toll-free at 866-677-6933.

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 Tomorrow's Scholar® 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 Tomorrow's Scholar® 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 Tomorrow's Scholar® 529 Plan receives this form. Also, please allow up to two weeks for your check to arrive.
- Accounts initiating a rollover, whether a partial or full rollover, will be charged a \$75 fee.

TAX REPORTING INFORMATION

• Tomorrow's Scholar® 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 Tomorrow's Scholar® 529 Plan toll-free at 866-677-6933 on business days from 8 a.m. to 6 p.m. EST.

1 Tomorrow's Scholar® 529 Plan Account Information

Tomorrow's Scholar® 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.

Rollover Amount

- If liquidating your holdings in Tomorrow's Scholar® 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, Tomorrow's Scholar® 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 (\$7,000 for 2024).
- on

	eys rolled over may not include any fur e contributions).	nds contributed to the Tomorrov	v's Scholar® 529 Plan account in the pa	st five years (including any earnings
First, inc	dicate the rollover amount by compl	eting either box 1 or 2:		
	☐ Net Partial-Balance Rollover			
1	☐Gross Partial-Balance Rollover	\$		
		OR		
2	☐ Full-balance rollover. ☐ Leave this account open. Your ac	ecount(s) for this beneficiary wil	I be closed unless you check this box.	
If liquid	dating multiple options from your !	529 please complete the bel	ow:	
			\$	
Invest	ment Option		Amount	
			\$	
Invest	ment Option		Amount	
			\$	
Invest	ment Option		Amount	
			\$	
Invest	ment Option		Amount	
Paye	e			
			ccount with a qualified Roth IRA trustee ation below about the Roth IRA account	
Qualifie	d Roth IRA Trustee			
Roth IR	A Account Owner			
Roth IR	A Account Number (Required)			
Roth IR	A Account Mailing Address			
City		State	ZIP Code	
Contact	t Person Name	Phone		
I certify	that:			
☐ The	e Roth IRA account owner is the same	as the beneficiary of the Tomor	rrow's Scholar® 529 Plan account.	

4 Signature Authorization

By signing below,

- \bullet I authorize Tomorrow's Scholar® 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 Tomorrow's Scholar® 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 Tomorrow's Scholar® 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 (currently \$7,000 for 2024).

Sign here	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)

Contact Us

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

Customer Service: 1-866-677-6933

Completed Forms should be mailed to:

Tomorrow's Scholar® 529 Plan c/o Voya Investment Management P.O. Box 534472 Pittsburgh, PA 15253-4472

www.tomorrowsscholar.com

Overnight address:

Tomorrow's Scholar® 529 Plan Attention: 534472 500 Ross Street 154-0520 Pittsburgh, PA 15262

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