



Direct Rollover to a Roth IRA Form

Complete this form to roll funds from your State Farm 529 Savings Plan Account to a Roth IRA.

Return this Form to:

State Farm 529
P.O. Box 86529
Lincoln, NE 68501-6529

Overnight Mail:

State Farm 529
1248 O Street, Suite 200
Lincoln, NE 68508

If you have questions, please call us at **800.321.7520**, Monday–Friday, 7 a.m. to 6 p.m. (CT).

1.

State Farm 529 Savings Plan 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 State Farm 529 Savings Plan Account Beneficiary): _____

The beneficiary must have an existing Roth IRA that will accept a 529-to-Roth IRA Rollover. Contact your Roth IRA custodian to determine if there are any additional requirements to process your request.

3.

Amount to Rollover (Check one)

May not exceed:

Amount Available: Amount contributed to the State Farm 529 Savings Plan (and earnings attributable thereto) that have been in the account for at least five years.

Annual Limitation: IRA Annual Contribution Limit (\$7,000 in 2025), reduced by the amount of aggregate contributions made to all individual retirement accounts maintained for the benefit of the beneficiary.

Aggregate Limitation: 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.

- Entire Balance and Keep Account Open**
- Entire Balance and Close Account** (If this option is elected, future automatic contributions, if any, will be canceled.)
- Partial Rollover:** (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. If the amount requested exceeds the amount available in the Account, the request will be completed using the total funds available.)
 - B.** Partial liquidation from specific Investment Options

Note: If the dollar amount requested from a specific Investment Option exceeds the amount available in the Investment Option, we will liquidate the total balance in the Investment Option.

529 Investment Option	Dollar Amount
	\$
	\$
	\$
	\$
Total Rollover Amount:	\$

4. Signature and Authorization

As the State Farm 529 Account Owner or State Farm 529 Beneficiary/Roth IRA Owner I hereby authorize and direct the Roth IRA Rollover indicated above and certify that I understand the rules, requirements, and limitations governing rollovers from State Farm 529 to a Roth IRA, including:

- The State Farm 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 State Farm 529 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 State Farm 529 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 2025 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.
- The IRS may issue guidance that may impact a rollover from a State Farm 529 Account to a Roth IRA. 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.
- The Beneficiary listed in Section 1 of this Form will be issued IRS Form 1099-Q and will be responsible for any reporting of rollovers on their income tax returns for the year of the rollover and for paying any related taxes or penalties.
- 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 (\$7,000 for 2025);
 4. There is an aggregate lifetime limit for 529-to-Roth IRA Rollovers of \$35,000 per Beneficiary.
- Rejected rollovers will be reinvested in the State Farm 529 Account.

4. Signature and Authorization (continued from previous page)

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, the Program Manager, the Trust, nor the Nebraska Investment Council will be responsible for the tax and other consequences of any such rollover.

I acknowledge that, if this form is electronically signed, my electronic signature will have the same legal validity and enforceability as a manually executed signature or handwritten signature to the fullest extent permitted by applicable law, including the Federal Electronic Signatures in Global and National Commerce Act, the Uniform Electronic Transactions Act or any similar state law based on the Uniform Electronic Transactions Act. I acknowledge that any electronic signature must be a certificate-based digital signature, and that any electronically signed form must be accompanied by a digital signature certificate or a digital signature audit trail containing, at a minimum, information regarding the date and time the electronic signature was executed, as well as the following personally identifying information of each signer: the signer's legal name, email address, and internet protocol address. I understand that this Enrollment Form may not be signed using Adobe Acrobat Reader's "Fill & Sign" and "Adobe Sign" features or any other electronic signature method that does not produce an acceptable certificate-based digital signature.

Signature and Date Required	
<input checked="" type="checkbox"/>	_____
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	
<input checked="" type="checkbox"/>	_____
Signature of Roth IRA Account Owner	Date

Print Name Here	



Nebraska Educational Savings Plan Trust, Issuer. Nebraska State Treasurer, Trustee. Nebraska Investment Council, Investment Oversight. Union Bank and Trust Company, Program Manager. Northern Trust Securities, Inc. Distributor, Member FINRA, SIPC. State Farm, Selling Dealer.