



ROTH IRA ROLLOVER REQUEST FORM

Instructions: Complete this form to rollover any or all the value of a START account, excluding earnings enhancements, to a Roth IRA for the benefit of the START account beneficiary. The following restrictions apply:

- The beneficiary of the START account and the Roth IRA owner must be the same person.
- The Roth IRA account must be established before requesting a rollover.
- The START account must have been maintained for at least 15 years prior to the date of the requested rollover.
- The rollover funds must have been deposited at least five years prior to the date of the requested rollover.
- The rollover must be made directly to the Roth IRA administrator.
- The total amount of the rollover, combined with the total of all other contributions made during the year of the rollover, may not exceed the annual contribution limit for a Roth IRA as published by the IRS. (For 2024, \$7,000 for account owners under the age of 50 and \$8,000 for account owners aged 50 and older).
- The maximum aggregate dollar amount of rollovers to a Roth IRA for a single beneficiary in that beneficiary's lifetime shall not exceed \$35,000.

Type or print in ink.

Section A: IDENTIFY THE START ACCOUNT THAT WILL ROLLOVER TO A ROTH IRA

1. Account Owner's Name: _____
2. Account Owner's Social Security Number: _____
3. Account Owner's Date of Birth (MM/DD/YYYY): _____
4. START Account Number: _____
5. Beneficiary's Name: _____
6. Beneficiary's Social Security Number: _____

Section B: ROLLOVER AMOUNT: Please indicate the amount to rollover to the Roth IRA account. Please review the bulleted list under the Instructions for important dates, rollover amount limits, and the maximum lifetime amount for a single beneficiary. The earnings enhancements cannot rollover to the Roth IRA account.

7. Please rollover \$ _____

Section C: ROTH IRA ACCOUNT INFORMATION: The money will be rolled over to a Roth IRA account for the same beneficiary as the START account in Section A.

8. Roth IRA Account Owner's Name: _____
9. Roth IRA Account Number: _____
10. Roth IRA Institution Name: _____
11. Roth IRA Institution Mailing Address: _____

 City State Zip Code
12. Roth IRA Institution Phone Number: _____

CONTACT **START**

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Ask LEX
 (LOSFA's virtual response assistant,
 available 24/7 at startsaving.la.gov)



Visit startsaving.la.gov



Email start@la.gov



Call 800.259.5626
 Fax 225.612.6497

SECTION D: ACCOUNT OWNER'S CERTIFICATION, ACKNOWLEDGMENT, AND AUTHORIZATION

I hereby authorize the START Saving Program to make the rollover from the START Account in Section A to the Roth IRA account named in Section C. I certify that the beneficiary named in Section A is the account owner of the Roth IRA account named in Section C. I understand that this form is used to rollover funds from the START account to a Roth IRA Account.

Neither the Louisiana Tuition Trust Authority nor the START Saving Program renders any opinion as to whether the rollover requested herein comply with applicable federal or state law. You are advised to consult with your legal/tax advisor to ensure compliance with such laws to avoid any penalty that may be due for failure to comply. By signing this form and submitting it to the START Saving Program, I authorize the START Saving Program to make the rollover as authorized herein; I certify that all of the information in this form is true, complete and correct; and I take full responsibility for complying with all state and federal laws relative to this rollover.

Account Owner's Signature: _____ Date: _____

Please make a copy of this form for your records.
You can mail, fax or email the original form to:

START Saving Program
PO Box 91271
Baton Rouge, LA 70821-9271
Fax: (225) 612-6497
Email: start@la.gov

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