Bright Directions 529
Advisor-Guided College Savings

Direct Rollover to a Roth IRA Form

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

Return this Form to:	**Overnight Mail:**
Bright Directions College Savings Program P.O. Box 82623 Lincoln, NE 68501	Bright Directions College Savings Program 1248 O Street, Suite 200 Lincoln, NE 68508

If you have questions, please call us at **866.722.7283,** Monday–Friday, 7 a.m. to 6 p.m. (Central).

1. Bright Directions 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 Directions 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 Directions 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 ($7,500 in 2026), 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
	$
	$
	$
	$
Total Distribution Amount:	$

4. Signature and Authorization

As the Bright Directions Account Owner or Bright Directions 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 Directions to a Roth IRA, including:

- The Bright Directions 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 Directions 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 Directions 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 2026 the limit is $7,500). 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 ($7,500 for 2026);
    4. There is an aggregate lifetime limit of $35,000 per Beneficiary.

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.

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 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

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

Northern Lights Distributors, LLC
An Affiliate of
ULTIMUS FUND SOLUTIONS

Illinois State Treasurer
MICHAEL FRERICHS
TRUSTEE & ADMINISTRATOR

UBT
Union Bank & Trust
Program Manager