



Serving Richmond and Scotland Counties

## 2019-2020 Request for Pension and Annuity Rollover Review

**Financial Aid Office**  
1042 West Hamlet Avenue  
Post Office Box 1189, Hamlet, NC 28345  
Phone (910) 410-1726  
Fax (910) 582-7102

Student's Last Name	First	M.I.	Social Security Number
Email Address		(_____) _____	Phone Number

**Untaxed or Unreported Monetary Assistance:**

Please complete this form if all or some of your or your parent(s) IRA or Pension has been rolled over (or your spouse's if you are married), and the rolled over amount is showing on your 2019-2020 FAFSA as untaxed IRS distributions or untaxed pensions.

Federal Regulations state that if you receive a lump-sum distribution from a pension, annuity, profit-sharing or retirement plan, IRA, Insurance contract, etc., you can roll over the distribution into another qualified retirement plan or IRA and keep it in a tax-deferred status. These rolled over funds should not be reported on the FAFSA as untaxed income, however if you used the IRS Data Retrieval Tool when completing the FAFSA, the retrieval tool would not recognize the rollover.

IRA distributions are taken from lines 15a and 15b of the IRS form 1040 or lines 11a and 11b on the 1040A. The Pensions and Annuities are taken from lines 16a and 15b of the IRS form 1040 or lines 12a and 12b of the IRS form 1040A. Please review your individual tax return, indicated if all or some of the distribution was reinvested, attach the documents showing the rollover, then sign and date. Please return to the financial aid office at Richmond Community College.

**IMPORTANT! Please attach documentation from the financial institution handling the investment to show the amount reinvested or submit your 1099-R for 2017**

Type of Distribution on Tax Return	Total Amount	Taxable Amount	Untaxed Amount	Amount of Distributions Reinvested
IRA Distributions	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> All <input type="checkbox"/> Some \$ _____
Pensions and Annuities	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> All <input type="checkbox"/> Some \$ _____

**Certification and Signatures**

If you are the student, by signing this application you certify that you

- (1) will use federal and /or state student financial aid only to pay the cost of attending an institution of higher education,
- (2) are not in default on a federal student loan or have made satisfactory arrangements to repay it,
- (3) do not owe money back on a federal student grant or have made satisfactory arrangements to repay it,
- (4) will notify your college if you default on a federal student loan and
- (5) will not receive a Federal Pell Grant for more than one college for the same period of time.

If you are the parent or the student, by signing this application you agree, if asked:

- (1) to provide information that will verify the accuracy of your completed form
- (2) to provide U.S. or state income tax forms that you filed or are required to file.

**WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

You also certify that you understand that the **Secretary of Education has the authority to verify information reported on this application with the Internal Revenue Service and other federal agencies.**

If you electronically sign any document related to the federal student aid programs using an FSA ID (username and password) and/or any other credential, you certify that you are the person identified by the username and password, and/or any other credential and have not disclosed that username and password, and/or any other credential to anyone else. If you purposely give false or misleading information, you may be fined \$20,000, sent to prison, or both.

**Everyone whose information is given on this form should sign below**

\_\_\_\_\_  
Student's Signature (Required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature (Required if parent information used)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature (Required if spouse information used)

\_\_\_\_\_  
Date