



# MONTGOMERY COMMUNITY COLLEGE

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## OFFICE OF FINANCIAL AID AND VETERANS AFFAIRS

Federal School Code: 008087

<http://www.montgomery.edu/financial-aid-home.html>

### 2018-19 Request for Pension and Annuity Rollover Review

Student: \_\_\_\_\_ ID/SSN#: \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Parent Name \_\_\_\_\_

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 2018-19 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 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 16b of the IRS form 1040 or lines 12a and 12b of the IRS form 1040A. Please review your individual tax return, indicate if all or some of the distribution was reinvested, sign, and date.

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

I certify that ALL of the information on this form is complete and correct. Student must sign and date below and if student is dependent, the parent whose information was reported on the 2018-19 FAFSA must also sign and date.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature-if student is dependent \_\_\_\_\_

Date: \_\_\_\_\_