



# Financial Aid and Scholarship Services Parent Rollover Confirmation

Academic year  
**2023–2024**

## Student Information

Please type or print clearly using only blue or black ink.

Last name	First name	Middle initial	10-digit ASU ID	
Local street address	City	State	Zip code	Daytime phone number

This form will not be processed if any items are left blank or illegible.  
If clarification of your situation is necessary, additional information or documentation may be required.

## Purpose

Sometimes, a taxpayer will "roll over" funds from an existing IRA, pension or annuity plan to another qualified plan during the same tax year. ASU is required to verify any amount that is reported over \$0.

Our system will then subtract the user-reported rollover amount from the amount of the IRA or Pension distribution that was transferred from the IRS, and the result will be used in the calculation of the applicant's expected family contribution (EFC).

## Instructions

1. Indicate the total amount of the 2021 rollover in Section A. The amount can be located on lines 4 or 5 of your 2021 federal 1040 tax return.
2. Provide a statement confirming that is the amount of the IRS-authorized rollover amount for 2021
3. **Submit this form** online by uploading to [students.asu.edu/forms/fa-misc-verification/2024](https://students.asu.edu/forms/fa-misc-verification/2024), by mail to PO Box 870412, Tempe, AZ 85287-0412, or in person at any Financial Aid and Scholarship Services location.

## Section A: Untaxed portions of IRA, pension and annuity distributions

Provide a statement from the tax filer indicating the IRS-authorized rollover amount for 2021.

Untaxed income type	Parent(s)
Amount of 2021 untaxed portions of IRA, pension, and annuity distributions	\$

## Rollover statement

## Section B: Parent certification and signature

**Certification:** I certify that the submitted information is true and correct to the best of my knowledge and belief. If asked by an authorized official, I agree to provide additional proof of the information provided on this form. I understand that purposely providing false or misleading information on this form may result in reduction or repayment of aid, fines and/or imprisonment in this and/or future years.

Parent(s) signature	Date
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If you need assistance to complete this form, please contact our office at 855-278-5080 or [students.asu.edu/contact/financialaid](https://students.asu.edu/contact/financialaid).