

MS 027, 415 South Street Waltham, MA 02454-9130 EMAIL: finaid@brandeis.edu

## 2025-2026 IRA/PENSION ROLLOVER VERIFICATION FORM

| Student NameStudent ID #   |  |                             |
|--|--|-----------------------------|
| As part of your 2025-2026 financial aid application, your parent indicated an amount of untaxed IRA or pension<br>listributions received in 2023. The untaxed portion of an IRA or pension distribution must be reported as untaxed<br>ncome on the FAFSA <u>unless it was a rollover</u> into another qualified retirement plan.  |  |                             |
| Use your 2023 Federal Income Taxes to co<br>that do not apply.   | omplete one or both sections that apply be   | ow. Enter "o" for any items |
| For IRA distributions:   |  |                             |
| 1. Enter the amount from IRS Form 1040 li  | ne 4a (IRA distributions)  | \$                          |
| 2. Enter the amount from IRS Form 1040 lin   | e 4b (Taxable amount)  | \$                          |
| 3. Was this IRA distribution a rollover? $\mathbf{D}\mathbf{Y}$  | ES <b>O</b> NO   |                             |
| 4. If yes, what amount was a rollover into ar  | nother qualified retirement plan?  | \$                          |
| For pension/annuity distributions:   |  |                             |
| 1. Enter the amount from IRS Form 1040 li distributions)   | ne 5a (pension/annuity   | \$<br>\$                    |
| 2. Enter the amount from IRS Form 1040 lin   | e 5b (Taxable amount)  | ·                           |
| 3. Was this pension/annuity distribution a r   | ollover? OYES IONO   | \$                          |
| 4. If yes, what amount was a rollover into a   | at amount was a rollover into another qualified retirement plan?                                 |                             |
| CERTIFICATION: One parent whose information of the property of the parent whose information of | mation was reported on the 2025-2026 FAI<br>cures will not be accepted.                          | FSA must sign.              |
|  | n this form is true, complete, and accurate to<br>Id be cause for denial, reduction, withdrawal, |                             |
| Parent Signature   | Date   |                             |