

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

## 2026-2027 IRA/PENSION ROLLOVER VERIFICATION FORM

| Student Name   | Student ID #  |                    |
|--|---|--------------------|
| As part of your 2025-2026 financial aid application, your parent indicated an amount of untaxed IRA or pension distributions received in 2024. The untaxed portion of an IRA or pension distribution must be reported as untaxed income on the FAFSA <u>unless it was a rollover</u> into another qualified retirement plan.   |   |                    |
| Use your 2024 Federal Income Taxes to complete or for any items that do not apply.   | ne or both sections that apply be                   | low. Enter "0"     |
| For IRA distributions:   |   |                    |
| 1. Enter the amount from IRS Form 1040 line 4a (IRA o  | listributions)                                      | \$                 |
| 2. Enter the amount from IRS Form 1040 line 4b (Taxabl   | e amount)   | \$                 |
| 3. Was this IRA distribution a rollover? YES NO  |   |                    |
| 4. If yes, what amount was a rollover into another qualifi   | ed retirement plan?                                 | \$                 |
| For pension/annuity distributions:   |   |                    |
| 1. Enter the amount from IRS Form 1040 line 5a (pension  | on/annuity distributions)                           | \$                 |
| 2. Enter the amount from IRS Form 1040 line 5b (Taxa   | ble amount)   | \$                 |
| 3.Was this pension/annuity distribution a rollover?Y   | ESNO  | \$                 |
| 4.If yes, what amount was a rollover into another qualit   | ïed retirement plan?                                | \$                 |
| CERTIFICATION: One parent whose information was Please note that Digital/Electronic signatures will not be certify that all the information reported on this form knowledge. I understand that any false statements contains the c | ot be accepted.  is true, complete, and accurate to | the best of my     |
| repayment of federal or institutional financial aid.   | und be cause for defilal, reduction                 | i, willidrawai, or |
| Parent Signature Date  | te  |                    |