



**WORCESTER**  
S T A T E  
**UNIVERSITY**

Financial Aid  
Phone: 508-929-8056  
Fax: 508-929-8194

NAME: \_\_\_\_\_  
\_\_\_\_\_  
ID#: \_\_\_\_\_

FAC24RLV

**2024/2025**  
**ROLLOVER VERIFICATION FORM**

You are being asked to complete this form because you have indicated a rollover IRA and/or pension contribution is being reported on the 2024-2025 FAFSA. In order for these funds to be excluded from your expected family contribution, the Financial Aid Office will require one of the documents below to confirm the amount of the rollover.

Please sign this form and return it to the Financial Aid Office with one of the following documents:

1. Copy of 1040 with rollover noted on line 4 – *preferred*, or
2. IRS Form 1099-R (Box 7 must show code “G”), or
3. IRS Form 5498 (Box 2 should show rollover amount), or

**I certify that the above information is complete and correct. Do not leave any blanks. If not complete this form will be returned to you.**

SIGNATURE (student) \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT SIGNATURE (Dependent Student) \_\_\_\_\_ DATE: \_\_\_\_\_

STUDENT SPOUSE SIGNATURE (Independent Student) \_\_\_\_\_ DATE: \_\_\_\_\_