



WORCESTER
S T A T E
UNIVERSITY

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

NAME: _____

ID#: _____

FAC25RLV

2025/2026
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 2025-2026 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 2023 IRS Form 1040 with rollover noted on line 4 (*preferred*), or
2. Copy of 2023 IRS Form 1099-R (Box 7 must show code “G”), or
3. Copy of 2023 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: _____