

IRA TRANSFER OR DIRECT ROLLOVER FORM

Instructions: Use this form to complete an IRA Transfer from another financial institution or a Direct Rollover from an Employer's Plan into an IRA with Navy Federal Credit Union.

- For Traditional IRAs — Complete Sections A or B (but not both), C, D, E (if appropriate), F and G.
- For SEP IRAs — Complete Sections A, C, D, E, F and G.
- For Roth IRAs — Complete Sections A, C, D, F and G.

Please complete **both** sets of this IRA Transfer or Direct Rollover Form, sign it and return it to Navy Federal.

Note: For either an IRA Transfer or a Direct Rollover from an Employer's Plan, you do not receive possession of the money. Just complete and return this form along with your IRA application, and we do all the work for you.

A				COMPLETE THIS SECTION FOR AN IRA TRANSFER			
NAME OF IRA HOLDER/MEMBER (FIRST		MI		LAST)			
ADDRESS					DAYTIME TELEPHONE NO. ()		
CITY			STATE		ZIP CODE		
SOCIAL SECURITY NO. — —				CURRENT IRA TRUSTEE/CUSTODIAN			
ADDRESS OF CURRENT CUSTODIAN/TRUSTEE							
CITY			STATE		ZIP CODE		
TELEPHONE NO. OF CURRENT IRA TRUSTEE/CUSTODIAN ()				ACCOUNT NO. OF CURRENT IRA TRUSTEE/CUSTODIAN			
PLEASE INDICATE THE CURRENT TYPE OF IRA HELD AT THE RESIGNING CUSTODIAN/TRUSTEE							
<input type="checkbox"/> TRADITIONAL IRA		<input type="checkbox"/> SEP IRA		<input type="checkbox"/> ROTH IRA		<input type="checkbox"/> QUALIFIED (EMPLOYER) RETIREMENT PLAN	

B				COMPLETE THIS SECTION FOR A DIRECT ROLLOVER FROM AN EMPLOYER'S PLAN			
NAME OF PARTICIPANT/MEMBER (FIRST		MI		LAST)			
ADDRESS					DAYTIME TELEPHONE NO. ()		
CITY			STATE		ZIP CODE		
SOCIAL SECURITY NO. — —				TELEPHONE NO. OF DISTRIBUTING PLAN ()			
NAME OF DISTRIBUTING PLAN				NAME OF EMPLOYER			
ADDRESS							
CITY			STATE		ZIP CODE		
				ACCOUNT NO. OF DISTRIBUTING PLAN			

C		IRA TRANSFER OR DIRECT ROLLOVER INSTRUCTIONS (Complete for either IRA Transfer or Direct Rollover.)	
PLEASE MAKE THE CHECK PAYABLE AS FOLLOWS:			
NAVY FEDERAL CREDIT UNION		FOR BENEFIT OF _____ IRA.	
NAME OF RECEIVING IRA TRUSTEE		IRA HOLDER/MEMBER	
		NAVY FEDERAL IRA NO. _____	

D					ASSET LIQUIDATION INSTRUCTIONS (Complete for either IRA Transfer or Direct Rollover.)				
TO TRANSFER MY IRA ASSETS OR TO DIRECTLY ROLLOVER MY EMPLOYER PLAN ASSETS INTO AN IRA, PLEASE LIQUIDATE AS FOLLOWS:									
ASSET DESCRIPTION	QUANTITY TO BE TRANSFERRED OR ROLLED	LIQUIDATE IMMEDIATELY	LIQUIDATE AT MATURITY	Maturity Date	Maturity Date	Maturity Date	Maturity Date	Maturity Date	Maturity Date
_____ \$		<input type="checkbox"/>	<input type="checkbox"/>		_____				
_____ \$		<input type="checkbox"/>	<input type="checkbox"/>		_____				
_____ \$		<input type="checkbox"/>	<input type="checkbox"/>		_____				
_____ \$		<input type="checkbox"/>	<input type="checkbox"/>		_____				
THIS IRA TRANSFER <input type="checkbox"/> WILL <input type="checkbox"/> WILL NOT CLOSE THE IRA.									



E REQUIRED MINIMUM DISTRIBUTION RESTRICTION (FOR TRADITIONAL AND SEP IRA HOLDERS ONLY)

IF THIS IS A TRADITIONAL OR SEP IRA TRANSFER, I AUTHORIZE THE CURRENT IRA TRUSTEE OR CUSTODIAN NAMED IN SECTION A TO:

- DISTRIBUTE MY REQUIRED MINIMUM DISTRIBUTION TO ME PRIOR TO TRANSFERRING MY TRADITIONAL OR SEP IRA ASSETS,
- SEGREGATE AND RETAIN MY REQUIRED MINIMUM DISTRIBUTION AMOUNT
- TRANSFER BALANCE INCLUDING REQUIRED MINIMUM DISTRIBUTION

FAIR MARKET VALUE OF TRANSFERRING IRA ON DECEMBER 31 OF PRIOR YEAR

\$ _____

*(only applicable if including required minimum distribution in IRA transfer)***F SIGNATURE FOR IRA TRANSFER OR DIRECT ROLLOVER OF EMPLOYER'S PLAN**

BY SIGNING THIS SECTION I CERTIFY:

- I UNDERSTAND THE RULES AND CONDITIONS APPLICABLE TO (CHECK APPLICABLE TRANSACTION)
 IRA TRANSFER DIRECT ROLLOVER.
- I QUALIFY FOR THE (CHECK ONE) IRA TRANSFER DIRECT ROLLOVER OF THE FUNDS LISTED IN THE "ASSET LIQUIDATION" SECTION OF THIS FORM AND AUTHORIZE SUCH TRANSACTION.
- THIS IRA TRANSFER DIRECT ROLLOVER SHOULD SHOULD NOT BE PLACED IN A CONDUIT IRA.
- IF THIS IS A DIRECT ROLLOVER, I HAVE BEEN ADVISED TO SEE A TAX ADVISOR DUE TO THE IMPORTANT TAX CONSEQUENCES OF ROLLING FUNDS INTO A TRADITIONAL IRA.
- IF THIS IS A DIRECT ROLLOVER, I ASSUME FULL RESPONSIBILITY FOR THIS DIRECT ROLLOVER TRANSACTION AND WILL NOT HOLD THE PLAN ADMINISTRATOR, TRUSTEE, CUSTODIAN OR ISSUER OF EITHER THE DISTRIBUTING OR RECEIVING PLAN LIABLE FOR ANY ADVERSE CONSEQUENCES THAT MAY RESULT.
- IF THIS IS A DIRECT ROLLOVER, I IRREVOCABLY DESIGNATE THIS CONTRIBUTION OF FUNDS OR PROPERTY WITH A VALUE OF \$ _____ (PLEASE WRITE IN THE AMOUNT) AS A ROLLOVER CONTRIBUTION.

SIGNATURE OF IRA HOLDER/MEMBER

NFCU ACCESS NO.

DATE (MO., DAY, YR.)

DAYTIME TELEPHONE NO.

— — ()

G NFCU PRODUCTS

IRA TYPE: (CHECK ONLY ONE)

- TRADITIONAL IRA
- SEP IRA
- ROTH IRA

- ROTH CONDUIT IRA
- CORPORATE ROLLOVER IRA

AMOUNT

\$

PLEASE OPEN A:

- IRA Share Account \$20,000 IRA Cert. (1, 2, 3, 4, 5 or 7 yr.) \$100,000 Money Market Cert. (13, 26, 39 wk.)
- IRA MMSA \$100 IRA EasyStart (1 yr.) \$500 Variable Rate Cert. (3 yr.)
- \$1,000 IRA Cert. (1, 2, 3, 4, 5 or 7 yr.) \$2,500 Money Market Cert. (13, 26 wk.) \$100,000 Jumbo Cert. (6 to 84 months) Term _____
- _____ \$10,000 Money Market Cert. (13, 26 wk.)

H LETTER OF ACCEPTANCE RECEIVING IRA TRUSTEE OR CUSTODIAN

NAVY FEDERAL AGREES TO ACCEPT THE FUNDS LISTED ABOVE THAT ARE BEING (CHECK ONE) TRANSFERRED DIRECTLY ROLLED INTO A TRADITIONAL IRA SEP IRA ROTH IRA ON BEHALF OF THE ABOVE-NAMED INDIVIDUAL, AND WE AGREE TO SERVE AS CUSTODIAN OF THOSE ASSETS.

NAME OF ACCEPTING ORGANIZATION

NAVY FEDERAL CREDIT UNION

ADDRESS

PO BOX 3000

CITY

MERRIFIELD

STATE

VA

ZIP CODE

22119-3000

NFCU IRA NO.

AUTHORIZED SIGNATURE OF NFCU REPRESENTATIVE

DATE (MO., DAY, YR.)

— —

PRINT NAME OF NFCU REPRESENTATIVE