

**Navy Federal®**  
**IRA Transfer or Direct Rollover**

Please return this completed form through one of the following methods:

► **Digital Banking:** Attach signed form to eMessage

► **Fax Number:** (703) 206-4250 ► **Visit your local branch**

► **Mail:** PO Box 3001, Merrifield, VA 22119-3001

Access No.

**Instructions:** Use this form to request an IRA Transfer from another financial institution or a Direct Rollover from an Employer's Plan to an IRA with Navy Federal Credit Union. Navy Federal does not accept transfers or direct rollovers of inherited or beneficiary IRA plans. If you do not have an existing IRA Plan for the same plan type with Navy Federal, an IRA Application (**NFCU Form 602-Trad, 602A-Roth, or 602C-SEP**) must be completed and provided with this application. Please be advised that the entire process normally takes two to six weeks to complete. This time frame is contingent on the processing time of your current custodian or distributing plan.

**Complete the appropriate Sections and return the form to Navy Federal for the processing of your request.**

**IRA Transfer:** Complete Sections A, B, C, E, F, and G

**Direct Rollover:** Complete Sections A, D, E, F, and G

**A. Member Information**

Name: First	MI	Last	Suffix
Address: Street	City	State	ZIP Code
Social Security No. (SSN)	Date of Birth ____/____/____ Month (MM) Day (DD) Year (YYYY)	Daytime Phone No.	

**B. IRA Transfer Request (IRA funds from another financial institution)**

<b>Current Custodian's Information:</b>		
Name of Current Custodian (other financial institution)	Custodian's Telephone No.	Custodian's Fax No.*
*By providing the fax number, I have verified the number is valid and that my custodian will accept this form via fax.		
Custodian's Address: Street	City	State ZIP Code
<b>Asset Liquidation Instructions:</b>		
<b>Transfer from the following type of plan:</b> <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> SEP IRA	IRA Account number at current custodian	<b>Liquidate:</b> <input type="checkbox"/> Entire Account <input type="checkbox"/> Partial Amount: \$_____
<b>Transfer:</b> <input type="checkbox"/> Immediately** <input type="checkbox"/> At Maturity: ____/____/____	<b>This IRA transfer:</b> <input type="checkbox"/> will close the Account(s) <input type="checkbox"/> will not close the Account(s)	

**C. Required Minimum Distribution (RMD) (If turning age 73 or older the year of request AND transferring a Traditional or SEP Plan)**

<input type="checkbox"/> The annual Required Minimum Distribution has already been satisfied. <b>No further distributions are required for the year.</b>
<input type="checkbox"/> Please <b>distribute</b> my Required Minimum Distribution <b>prior</b> to transferring my Traditional or SEP account to Navy Federal.
<input type="checkbox"/> Please <b>transfer</b> my Traditional or SEP account, including my Required Minimum Distribution.
<b>Please provide Navy Federal with the Fair Market Value of the transferring IRA as of Dec. 31 of the prior year: \$_____</b>
You must submit a Required Minimum Distributions (RMD) Form (NFCU 312) to begin RMD distributions with Navy Federal.

**D. Direct Rollover Request (funds from an Employer's Plan)**

<b>Distributing Plan's Information</b>		
Name of Distributing Plan	Distributing Plan's Telephone No.	Distributing Plan's Fax No.*
*By providing the fax number, I have verified the number is valid and that my custodian will accept this form via fax.		
Distributing Plan's Address: Street	City	State ZIP Code
<b>Asset Liquidation Instructions</b>		
<b>Direct Rollover request from the following type of plan:</b> <input type="checkbox"/> 401(k) <input type="checkbox"/> 403(b) <input type="checkbox"/> 457(b) <input type="checkbox"/> Other: _____	Account Number of Distributing Plan	Name of Employer
<b>Liquidate:</b> <input type="checkbox"/> Entire Account <input type="checkbox"/> Partial Amount: \$_____	<b>Rollover:</b> <input type="checkbox"/> Immediately** <input type="checkbox"/> At Maturity: ____/____/____	<b>This Plan Rollover:</b> <input type="checkbox"/> will close the Account(s) <input type="checkbox"/> will not close the Account(s)

\*\*Penalties or fees may apply.

\*\*\*Refer to Section G #6.



**Additional Information on Reverse**



**E. Navy Federal Products** (Certificates are purchased upon receipt of the transferred funds. The dividend rate is set as of the date the certificate is purchased and funded.)

<b>IRA Type</b> (Check only one.) <input type="checkbox"/> Traditional IRA <input type="checkbox"/> SEP IRA <input type="checkbox"/> Roth IRA		Amount \$
<b>Please open an IRA Account:</b> <input type="checkbox"/> IRA Savings Account <input type="checkbox"/> IRA MMSA <input type="checkbox"/> IRA Jumbo MMSA <input type="checkbox"/> \$50 Min. IRA EasyStart <sup>SM</sup> Select Term: <input type="checkbox"/> 12 months <input type="checkbox"/> 18 months <input type="checkbox"/> 24 months <input type="checkbox"/> Other _____		<b>Or, choose an IRA Certificate minimum and term:</b> Minimum: <input type="checkbox"/> \$1,000 min. <input type="checkbox"/> \$20,000 min. <input type="checkbox"/> \$100,000 min. Short Term: <input type="checkbox"/> 3 months <input type="checkbox"/> 12 months <input type="checkbox"/> 18 months <input type="checkbox"/> 24 months Long Term: <input type="checkbox"/> 3 years <input type="checkbox"/> 5 years <input type="checkbox"/> 7 years

**F. Payment Instructions for the Other Financial Institution**

<b>Make check or wire payable to:</b> Navy Federal Credit Union, for benefit of _____ Navy Federal IRA No. _____ Name of Receiving IRA Custodian    IRA Holder/Member    IRA Account Number		<b>IRA Type:</b> <input type="checkbox"/> Traditional <input type="checkbox"/> Roth <input type="checkbox"/> SEP
<b>On the check or wire, please specify if it is a Rollover or Transfer.</b>		
Mail check to:* <input type="checkbox"/> Regular Mail: <b>Navy Federal Credit Union</b> PO Box 3001 Merrifield, VA 22119-3001	<input type="checkbox"/> Overnight Mail: <b>Navy Federal Credit Union</b> Attention: IRA Dept. 820 Follin Lane Vienna, VA 22180-1111	<input type="checkbox"/> Wire Instructions: <b>Navy Federal Routing Number: 256074974</b> 820 Follin Lane Vienna, VA 22180-1111

\*If left blank, will default to Regular Mail.

**G. Member Signature**

**By signing this section, I certify that:**

1. I have established an IRA Plan with Navy Federal Credit Union as the Custodian.
2. I understand that it may be necessary to open an IRA savings account in my name to receive the Transfer/Rollover funds. In that event, I authorize Navy Federal Credit Union to open such an account on my behalf.
3. I agree to contact my present Custodian or Plan Administrator from whom I am requesting a Transfer/Direct Rollover to determine if specific documentation or additional paperwork is required.
4. I understand that I am responsible for determining my eligibility for all Transfers or Direct Rollovers.
5. I agree to hold the Custodian harmless against any and all situations arising from an ineligible Transfer or Direct Rollover.
6. I understand if I am or will be 73 or older in the current year, I must satisfy the Required Minimum Distribution(s) for all the IRA(s) prior to the Direct Rollover of my retirement assets.
7. I acknowledge that Navy Federal Credit Union does not provide legal advice, and I agree to consult with my own tax professional for advice.
8. I authorize Navy Federal Credit Union to act on my behalf in contacting the current Custodian or Plan Administrator to facilitate the Transfer/Direct Rollover of my retirement assets.
9. I understand that if I intend to have a beneficiary designated on my IRA account, I must complete applicable forms separately, in order to designate principal beneficiary(ies) and, if desired, contingent beneficiary(ies).

Signature of IRA Holder/Member ▶	Date (MM/DD/YY)
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**For Office Use Only**

**Letter of Acceptance for Transfer or Direct Rollover**  
Navy Federal agrees to accept the funds listed above that are being transferred or directly rolled over into an IRA account on behalf of the above-named individual. Navy Federal agrees to serve as Custodian of those assets.

Printed Name of Navy Federal Representative \_\_\_\_\_

Authorized Signature of Navy Federal Representative ▶	Date (MM/DD/YY)
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**For Office Use Only—Signature Guarantee**

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**For Branch Office Use Only**

Employee No. _____	
Was the form sent to the other Financial Institution? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was a notation left on the account? <input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Information or Comments _____ _____ _____	