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

Fax Number: (703) 206-4250	▶ Toll-Free Number: (888) 842-6328
▶ 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			Daytime Phone No.			
	Month (MM)	///////	ear (YYYY)				
	Month (WW)	Day (DD) Ye	ear (****)				
B. IRA Transfer Request (IRA funds from a	another financial	institution)					
Current Custodian's Information:		montation,					
Name of Current Custodian (other financial institution)		Cus	stodian's Teleph	one No.	Custodian's Fax No.*		
,							
*By providing the fax number, I have verified the number	er is valid and that r	my custodian will acce	ent this form via	a fax.			
Custodian's Address: Street	City	Try Guotodian Will acce	State		ZIP Code		
	,						
Asset Liquidation Instructions:							
Transfer from the following type of plan:	IBA Account numbe	er at current custodian	Liquidate:				
☐ Traditional IRA ☐ Roth IRA ☐ SEP IRA	III IV / NOCOUNT HUMBE	Account number at current custodian Liquidate: Entire Account Partial Amount: \$					
Transfer:		This IRA trans		Tartial 7 ti	nount. •		
☐ Immediately** ☐ At Maturity: / /		will close th		☐ will not o	close the Account(s)		
			(-)	<u> </u>	. ,		
C. Required Minimum Distribution (RMI	O) (If turning age	73 or older the yea	ar of request	AND transferring	n a Traditional or SEP Plan)		
C. Required Minimum Distribution (RMD) (If turning age 73 or older the year of request AND transferring a Traditional or SEP Plan) The annual Required Minimum Distribution has already been satisfied. No further distributions are required for the year.							
Please distribute my Required Minimum Distribution prior to transferring my Traditional or SEP account to Navy Federal. Please transfer my Traditional or SEP account, including my Required Minimum Distribution.							
Please provide Navy Federal with the Fair Market Value of the transferring IRA as of Dec. 31 of the prior year: \$							
Total made data militari da militari da da militari da da da mada da							
D. Direct Rollover Request (funds from a	n Employer's Dis	m)					
Distributing Plan's Information	ii Employer's Pla	(1)	<u> </u>				
Name of Distributing Plan			Dietributing P	lan's Telephone No.	Distributing Plan's Fax No.*		
Name of Distributing Fram			Distributing	iairs releptione No.	Distributing Flairs Fax No.		
*Dy providing the fay number I have verified the numb	or is valid and that	my austadian will assa	ant this form vis	a fov			
		my custodian will accept this form via fax.					
Distributing Plan's Address: Street	City		State		ZIP Code		
Asset Liquidation Instructions		T		I			
Direct Rollover request from the following type of p	ian:	Account Number of Dis	stributing Plan	Name of Employer			
☐ 401(k) ☐ 403(b) ☐ 457(b) ☐ Other:							
Liquidate:		Rollover: This Plan Rollover:					
Entire Account Partial Amount: \$		Immediately**	,	will close the A	()		
RMD cannot be part of the rollover if turning age 73 or older	the year of request.	☐ At Maturity: /	/	will not close th	e Account(s)		

**Penalties or fees may apply.



Additional Information on Reverse



E. Navy Federal Products (Certificates are purchased upon receipt of certificate is purchased and funded.)	the transferred funds	s. The dividend rate is	set as of the date the
IRA Type (Check only one.)		Amount	
☐ Traditional IRA ☐ SEP IRA ☐ Roth IRA		\$	
Please open an IRA Account:	Or, choose an IRA	Certificate minimum	and term:
☐ IRA Savings Account	Minimum:		
☐ IRA MMSA	☐ \$1,000 min.	☐ \$20,000 min.	☐ \$100,000 min.
☐ IRA Jumbo MMSA	Short Term:		
☐ \$50 Min. IRA EasyStart sM	3 months	☐ 12 months	☐ 18 months
Select Term: 12 months 18 months 24 months	24 months		
☐ Other	Long Term: ☐ 3 years	5 years	☐ 7 years
F. Payment Instructions for the Other Financial Institution			
Make check or wire payable to:			IRA Type:
Navy Federal Credit Union , for benefit of	Navy Federal IF	RA NoIRA Account Num	Traditional
On the check or wire, please specify if it is a Rollover or Transfer.			SEP
Mail check to:* Regular Mail: Navy Federal Credit Union PO Box 3001 Attention: If Merrifield, VA 22119-3001 S20 Follin La Vienna, VA	RA Dept. ane	nstructions: Navy Federal Ro 820 Follin Lane Vienna, VA 2218	•
*If left blank, will default to Regular Mail.	22100-1111		
G. Member Signature			
By signing this section, I certify that:	<u> </u>	<u>. </u>	
I have established an IRA Plan with Navy Federal Credit Union as the Custodia			
I understand that it may be necessary to open an IRA savings account in my n Navy Federal Credit Union to open such an account on my behalf.	name to receive the Iran	ster/Rollover funds. In the	at event, I authorize
 I agree to contact my present Custodian or Plan Administrator from whom I ar documentation or additional paperwork is required. 	n requesting a Transfer/	Direct Rollover to determ	nine if specific
4. I understand that I am responsible for determining my eligibility for all Transfer	s or Direct Rollovers.		
5. I agree to hold the Custodian harmless against any and all situations arising fro	om an ineligible Transfer	r or Direct Rollover.	
 I understand if I am or will be 73 or older in the current year, I must distribute n retirement assets. 	ny Required Minimum D	distribution prior to the Di	rect Rollover of my
7. I acknowledge that Navy Federal Credit Union does not provide legal advice, a	and I agree to consult w	ith my own tax profession	nal for advice.
I authorize Navy Federal Credit Union to act on my behalf in contacting the cu Rollover of my retirement assets.	rrent Custodian or Plan	Administrator to facilitate	e the Transfer/Direct
 I understand that if I intend to have a beneficiary designated on my IRA accou principal beneficiary(ies) and, if desired, contingent beneficiary(ies). 	nt, I must complete app	licable forms separately,	in order to designate
Signature of IRA Holder/Member		Date (MM/	DD/YY)
•			
For Office Hee Only			
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 direct Navy Federal agrees to serve as Custodian of those assets.	tly rolled over into an IRA	A account on behalf of the	above-named individual.
Printed Name of Navy Federal Representative			
Authorized Signature of Navy Federal Representative		Date (MM/DD/YY)	
	nch Office Use Only		
Employee	No.		
Was the fo	rm sent to the other Financ	ial Institution? Was a nota	tion left on the account?
	Yes No		☐ Yes ☐ No
Additional	Information or Comments	<u> </u>	