

# Education Savings Account (ESA) Transfer

▶ Fax Number: (703) 206-4250 ▶ Toll-Free Number: (888) 842-6328

▶ Mail: P.O. Box 3001, Merrifield, VA 22119-3001

Access No.

**Instructions:** Use this form to request an ESA Transfer from another financial institution to an ESA Plan with Navy Federal Credit Union.

**Complete all sections and return this form to Navy Federal for the processing of your request.**

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.

A. ESA Beneficiary/Member Information			
Name of ESA Beneficiary/Member: First	MI	Last	Suffix
Address: Street	City	State	Zip Code
Social Security No. (SSN)	Date of Birth (MM/DD/YY)	Daytime Telephone Number	

B. Responsible Individual Information			
Name: First	MI	Last	Suffix
Address: Street	City	State	Zip Code
Social Security No. (Last 4 SSN) xxx-xx-____	Date of Birth (MM/DD/YY)	Daytime Telephone Number	

C. ESA Transfer Request (ESA funds from another financial institution)			
Current Custodian's Information:			
Name of current custodian (other financial institution):	Custodian's Telephone No.	Custodian's Fax No.	
Custodian's Address: Street	City	State	Zip Code

Asset Liquidation Instructions:		
Transfer from the following ESA Plan Account No.: _____, Designated Beneficiary: _____		
Liquidate: <input type="checkbox"/> Entire Account <input type="checkbox"/> Partial Amount: \$	Transfer: <input type="checkbox"/> Immediately* <input type="checkbox"/> At Maturity: / /	This ESA transfer: <input type="checkbox"/> will close the Account(s) <input type="checkbox"/> will not close the Account(s)

D. Navy Federal Products	
Amount \$	
<b>Please open an ESA Account:</b> <input type="checkbox"/> ESA Savings Account <input type="checkbox"/> ESA MMSA <input type="checkbox"/> ESA Jumbo MMSA <input type="checkbox"/> \$50 Min. ESA EasyStart <sup>SM</sup> Select Term: <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months <input type="checkbox"/> 18 months <input type="checkbox"/> 24 months <input type="checkbox"/> \$500 Min. ESA Variable Cert. (3 Years) <input type="checkbox"/> Other _____	<b>Or, choose an ESA Certificate Minimum and Term:</b> <b>Minimum:</b> <input type="checkbox"/> \$1,000 min. <input type="checkbox"/> \$10,000 min. <input type="checkbox"/> \$20,000 min. <input type="checkbox"/> \$50,000 min. <input type="checkbox"/> \$100,000 min. <b>Short Term:</b> <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 9 months <input type="checkbox"/> 12 months <input type="checkbox"/> 18 months <input type="checkbox"/> 24 months <b>Long Term:</b> <input type="checkbox"/> 3 years <input type="checkbox"/> 4 years <input type="checkbox"/> 5 years <input type="checkbox"/> 6 years <input type="checkbox"/> 7 years

E. Responsible Individual Signature	
By signing this section, I certify that:	
1. I have established an ESA Plan with Navy Federal Credit Union as the Custodian. 2. I understand the rules and conditions applicable to the ESA Transfer. 3. I understand that I am responsible for determining my eligibility for the ESA Transfer. 4. I agree to hold the Custodian harmless against any and all situations arising from an ineligible ESA Transfer. 5. I acknowledge that Navy Federal Credit Union does not provide legal advice and I agree to consult with my own tax professional for advice. 6. I authorize Navy Federal Credit Union to act on my behalf in contacting the current Custodian to facilitate the Transfer of the ESA assets.	
Signature of ESA Responsible Individual	Date (MM/DD/YY)

\*Penalties or fees may apply.



**Payment Instructions**

Make check payable to:

**Navy Federal Credit Union**

, for benefit of \_\_\_\_\_

ESA No. \_\_\_\_\_

Name of Receiving ESA Custodian

Designated Beneficiary

ESA Account Number

Mail check to:  Regular Mail: **Navy Federal Credit Union**  
**P.O. Box 3001**  
**Merrifield, VA 22119-3001**  Overnight Mail: **Navy Federal Credit Union**  
**Attention: IRA Dept.**  
**820 Follin Lane**  
**Vienna, VA 22180-1111**  Wire Instructions: **Navy Federal Routing Number: 256074974**  
**Navy Federal Credit Union**  
**820 Follin Lane**  
**Vienna, VA 22180-1111**

**For Office Use Only**

**Letter of Acceptance for Transfer**

Navy Federal agrees to accept the funds listed above that are being transferred into an ESA 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)

**Signature Guarantee**

**For Branch Office Use Only**

Employee No.

Was the form sent to the other Financial Institution?  Yes  No

Was a notation left on the account?  Yes  No