

**Navy Federal®  
IRA Recharacterization**

For Office Use Only
Access No.
IRA No.

A. Your Identification			
Member's Name: First	MI	Last	Suffix
Current IRA Trustee's or Custodian's Name and Address			

B. Original Contribution Information										
<b>Type of Contribution (Current IRA)</b>										
Select One:	<table border="0"> <tr> <td><b>Traditional IRA</b></td> <td><b>Roth IRA</b></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Regular</td> <td><input type="checkbox"/> Regular</td> <td><input type="checkbox"/> Conversion (from SIMPLE IRA)</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Conversion (from Traditional IRA)</td> <td><input type="checkbox"/> Rollover (from eligible employer-sponsored plan, other than a rollover of Roth elective deferrals and earnings)</td> </tr> </table>	<b>Traditional IRA</b>	<b>Roth IRA</b>		<input type="checkbox"/> Regular	<input type="checkbox"/> Regular	<input type="checkbox"/> Conversion (from SIMPLE IRA)		<input type="checkbox"/> Conversion (from Traditional IRA)	<input type="checkbox"/> Rollover (from eligible employer-sponsored plan, other than a rollover of Roth elective deferrals and earnings)
<b>Traditional IRA</b>	<b>Roth IRA</b>									
<input type="checkbox"/> Regular	<input type="checkbox"/> Regular	<input type="checkbox"/> Conversion (from SIMPLE IRA)								
	<input type="checkbox"/> Conversion (from Traditional IRA)	<input type="checkbox"/> Rollover (from eligible employer-sponsored plan, other than a rollover of Roth elective deferrals and earnings)								
<b>Contribution Date (Current IRA)</b>	<b>Contribution for Tax Year (Current IRA)*</b> <small>*Only applicable for regular contributions (including spousal contributions)</small>									

Recharacterization Instructions <i>(You must have a Traditional or Roth IRA plan established prior to processing a recharacterization or provide an IRA application with this form.)</i>	
I request to recharacterize the amount of \$ _____ and the net income attributable (earnings) on this amount.	
I request that the recharacterization funds be placed back into a Plan Type: <input type="checkbox"/> Traditional or <input type="checkbox"/> Roth IRA	
<b>Please open IRA Account:</b>	<b>Or Choose IRA Certificate Minimum and Term:</b>
<input type="checkbox"/> IRA Savings Account	<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.
<input type="checkbox"/> IRA MMSA	<b>Short Term:</b>
<input type="checkbox"/> IRA Jumbo MMSA	<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
<input type="checkbox"/> \$100 Min. IRA EasyStart <sup>SM</sup> (12 months)	<b>Long Term:</b>
<input type="checkbox"/> \$500 Min. Variable Cert. (3 years)	<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
<input type="checkbox"/> Other _____	

Designation Election (Member must complete and sign.)	
By signing this section, I certify:	
1. If I later decide to convert these funds from the Traditional IRA to a Roth IRA, I must complete and sign a new Navy Federal "IRA Rollover Designation/Conversion" (NFCU 621).	
2. I have been advised to see a tax advisor due to the important tax consequences of recharacterization of funds between the IRAs.	
3. I am aware that a recharacterization is reportable to the IRS on IRS Forms 1099R and 5498.	
4. I assume full responsibility for this recharacterization transaction and will not hold Navy Federal Credit Union liable for any adverse consequences that may result.	
5. I irrevocably designate this recharacterization of funds with a value of \$ _____ as an IRA recharacterization.	
6. I understand the net income attributable to the recharacterization amount in the first IRA will be moved to the second IRA.	

Member Signature ▶	Date (MM/DD/YY)
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Accepting IRA Trustee or Custodian	
As the Trustee or Custodian, we agree to accept the assets being recharacterized from your _____ IRA to your _____ IRA for tax year _____.	
The net income attributable (earnings) on the amount recharacterized \$ _____ and/or penalty assessed \$ _____ for redeeming from a certificate prior to the maturity date. Please retain this form for your records.	
Account Identification of Accepting IRA _____	

Authorized Signature of Navy Federal Representative ▶	Date (MM/DD/YY)
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