

Navy Federal®
IRA Contribution Request

Individual Retirement Arrangement Contribution Request

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

Access No.	Toll-Free Number (888) 842-6328
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Section A: Member Information			
Name: First	MI	Last	Suffix
Date of Birth (MM/DD/YY)	Social Security No. (SSN)	Home Phone No.	Daytime Phone No.

Section B: IRA One-Time Contribution Information (Use a separate form for each plan type.)			
Make an IRA contribution to my IRA Plan Type: (Select one.)			
<input type="checkbox"/> Traditional <input type="checkbox"/> Roth <input type="checkbox"/> SEP			
Apply Contribution as Follows:	Contribution Amount	Contribution(s) for Tax Year <i>(if no selection is made, will default to current tax year)</i>	
Transfer from Acct. No.:	To IRA Acct. No.:	\$	<input type="checkbox"/> Current <input type="checkbox"/> Prior*
Transfer from Acct. No.:	To IRA Acct. No.:	\$	<input type="checkbox"/> Current <input type="checkbox"/> Prior*
Transfer from Acct. No.:	To IRA Acct. No.:	\$	<input type="checkbox"/> Current <input type="checkbox"/> Prior*
Total:		\$	

*Per IRS regulations, financial organizations are required to report SEP IRA contributions under the current year's taxes regardless of whether or not the contribution is requested as a prior year contribution. Please seek tax advice for guidance on reporting SEP prior year contributions to the IRS. Traditional and Roth IRA contributions made from January 1 through tax filing due date (normally April 15) of the current year may be credited as a prior year contribution.

Section C: IRA Periodic Transfer Request (for IRA Savings, MMSA, Special EasyStart SM and EasyStart Certificates only)	
Please transfer as follows: (Select only one.) <input type="checkbox"/> Once a month on the _____ <input type="checkbox"/> Twice a month on the _____ and _____ <input type="checkbox"/> Every 2 weeks on <input type="checkbox"/> Weekly every <input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri. Day of first transfer _____	From Account No. _____ To IRA Account No. _____ Amount (per transfer) \$ _____

Section D: Signatures	
Important: Please read before signing.	
I understand the eligibility requirements for the type of IRA deposit I am making, and I state that I do qualify to make the deposit. I have an open IRA plan for this IRA type and received copies of the Application, Plan Agreement, Financial Disclosure, and Disclosure Statement. I agree to be bound by those terms and conditions.	
I assume complete responsibility for:	
1. determining that I am eligible for an IRA each year I make a contribution; 2. ensuring that all contributions I make are within the limits set forth by the tax laws; and 3. the tax consequences of any contribution and distributions.	
Member's Signature ▶	Date (MM/DD/YY)

Over Age 50 Catch-Up Contributions Confirmation I certify that I am eligible to make catch-up contributions.

Member's Signature ▶	Date (MM/DD/YY)
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