

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.

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

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

B. IRA Transfer Request (IRA funds from another financial institution)	
Current Custodian's Information:	
Name of current custodian (other financial institution):	Custodian's Telephone No.
Custodian's Address: Street	City State Zip Code
Asset Liquidation Instructions:	
Transfer from the following type of plan: <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> SEP IRA	IRA Account number at current custodian:
Liquidate: <input type="checkbox"/> Entire Account <input type="checkbox"/> Partial Amount: \$	Transfer: <input type="checkbox"/> Immediately <input type="checkbox"/> At Maturity: / /
This IRA transfer: <input type="checkbox"/> Will close the IRA <input type="checkbox"/> Will not close the IRA	

C. Required Minimum Distribution (70½ or older AND transferring a Traditional or SEP Plan)
<input type="checkbox"/> Please distribute my Required Minimum Distribution prior to transferring my Traditional or SEP account to Navy Federal.
<input type="checkbox"/> 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 prior year: \$ _____

D. Direct Rollover Request (funds from an Employer's Plan)	
Distributing Plan's Information:	
Name of Distribution Plan:	Distributing Plan's Telephone No.
Distributing Plan's Address: Street	City State Zip Code
Asset Liquidation Instructions:	
Direct Rollover request from the following type of plan: <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:	
Liquidate: <input type="checkbox"/> Entire Account <input type="checkbox"/> Partial Amount: \$	Transfer: <input type="checkbox"/> Immediately <input type="checkbox"/> At Maturity: / /
This Direct Rollover: <input type="checkbox"/> Will close the IRA <input type="checkbox"/> Will not close the IRA	

Additional Information on Reverse



