

____ Traditional ____ SEP
IRA ROLLOVER ELECTION

Credit Union Name

MEMBER INFORMATION

Member's Name

Social Security Number

Birth Date

Street Address

City

State

Zip

Home Phone Number

IRA Account Number

SOURCE OF ROLLOVER FUNDS INFORMATION

IRA ROLLOVER

I am depositing a rollover of funds that I received from my IRA that was made up of one of the following:

- ____ Regular IRA funds
____ Rollover IRA funds that were originally distributed to me from my qualified retirement plan (QRP) or other workplace retirement plan (not an IRA) that were in my IRA
____ SEP IRA funds
____ SIMPLE IRA funds

QRP TO TRADITIONAL IRA ROLLOVER

____ I am depositing a rollover of funds that I received from a qualified retirement plan (QRP), such as a 401-k, pension, profit-sharing, or other eligible retirement plan.

Required Minimum Distribution (RMD) Rollover Restriction

Please complete this section if the IRA owner must take an RMD for this calendar year:

Because required minimum distributions may not be rolled over, please indicate whether the amount being rolled over was disbursed in the current year or last year. If the funds were disbursed last year, the amount will have to be included in the fair market value for calculating this year's RMD amount.

Were the funds being rolled over disbursed: _____ this year, or _____ last year?

IRREVOCABLE ROLLOVER ELECTION

I hereby designate that I am making an irrevocable election to treat this contribution in the amount of \$ _____ as a rollover contribution.

SIGNATURES

I understand that in order for my rollover election to be eligible, I must complete the rollover transaction within 60 days after I receive the disbursement (unless an exception applies). I may only roll over funds from a distributing plan one time in a 365 day period-often referred to as the one-rollover-per-year rule. I further understand that I am responsible for determining what amount, if any, of the disbursement is eligible to be rolled over. Due to the important tax consequences of rolling over IRA funds, I will seek the advice of a tax professional, if necessary. I certify that the information provided by me on this form is true and accurate and may be relied upon by the Credit Union. I further certify that the Credit Union has not given me tax or legal advice. I understand that I am responsible for my decisions regarding this transaction and will not hold the Credit Union responsible for any adverse consequences or penalties that may arise from this transaction.

Signature of Member

Date

Authorized Signature of Custodian

Date