

____ Traditional ____ SEP

IRA TRANSFER REQUEST

Credit Union Name

MEMBER INFORMATION

Member's Name

Social Security Number

Birth Date

Street Address

City

State

Zip

Home Phone Number

IRA Account Number

CURRENT IRA TRUSTEE/CUSTODIAN INFORMATION

Name of Financial Institution (Transferring From)

Street Address

City, State, Zip

IRA Account Number

TRANSFER INSTRUCTIONS TO CURRENT IRA TRUSTEE/CUSTODIAN

Please directly transfer in the following manner from my: ____ Traditional IRA, ____ SEP, ____ SIMPLE

____ Entire balance

____ Only the balance in the following accounts: # _____, # _____, # _____

____ Other _____

Please complete the transfer (after liquidating the assets listed above):

____ immediately, ____ at maturity, or on: _____

Please make the check payable as follows: _____, successor trustee for benefit of
Credit Union Name

_____, IRA
Name of IRA Holder

Please mail check to our address at: _____
Street Address City, State, Zip

Note: If this individual must take a required minimum distribution for this year, please disburse it prior to the transfer of funds.

ACCEPTANCE

The Credit Union agrees to serve as the new trustee for the IRA account of the above-named individual and to deposit the funds into an IRS-approved IRA account.

SIGNATURES

I authorize the transfer of the IRA funds as described above and 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