

\_\_\_\_\_ Traditional

# ORP TO IRA DIRECT ROLLOVER 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

## **EMPLOYER AND QUALIFIED OR ELIGIBLE RETIREMENT PLAN INFORMATION**

\_\_\_\_\_ Distributing Plan Name

\_\_\_\_\_ Plan Participant's Name (and SSN, if different than Member Name)

\_\_\_\_\_ Employer's Name

\_\_\_\_\_ Employer's Address

## **DIRECT ROLLOVER INSTRUCTIONS**

Please directly roll over the eligible funds from my plan balance to my Traditional IRA account, in the following manner:

\_\_\_\_\_ Entire plan balance

\_\_\_\_\_ Other stated amount, if eligible \$ \_\_\_\_\_

Please make the check payable as follows:

\_\_\_\_\_, successor custodian, FBO  
Credit Union Name

\_\_\_\_\_ IRA  
Name of IRA Holder

Please mail check to our address at:

\_\_\_\_\_ Street Address

\_\_\_\_\_ City, State, Zip

## **ACCEPTANCE**

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

## **SIGNATURES**

I authorize the direct rollover of the plan 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 and the Plan Administrator. I understand the regulations regarding direct rollovers and verify that I qualify. 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