

# **ROTH IRA ROLLOVER ELECTION**

\_\_\_\_\_  
Credit Union Name

## **MEMBER INFORMATION**

\_\_\_\_\_  
Member's Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Birth Date

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

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Roth IRA Account Number

## **SOURCE OF ROLLOVER FUNDS INFORMATION**

### **ROTH IRA ROLLOVER**

\_\_\_\_\_ I am depositing a rollover of funds that I received from my Roth IRA.

### **ROLLOVER (Conversion) FROM TRADITIONAL, SEP or SIMPLE IRA; or FROM A QRP**

\_\_\_\_\_ I am depositing a conversion of funds that I received from a traditional, SEP or SIMPLE IRA; or a QRP to my Roth IRA.

## **Required Minimum Distribution (RMD) Rollover Restriction**

If you are age 70 ½ or older, or will attain age 70 ½ or older this year, you may not roll over your RMD. RMD's are prohibited from being rolled over (or converted) to your Roth IRA.

## **ROLLOVER ELECTION**

I hereby designate that I am making an election to treat this contribution in the amount of \$\_\_\_\_\_ as a rollover contribution of funds from a Roth IRA or a conversion of funds that I received from another eligible IRA to my Roth IRA.

## **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 funds to my Roth IRA, 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