

ROTH 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 ROTH IRA TRUSTEE/CUSTODIAN DATA

Name of Financial Institution (Transferring From)

Street Address

City, State, Zip

IRA Account Number

TRANSFER INSTRUCTIONS TO CURRENT ROTH IRA TRUSTEE/CUST

Please directly transfer in the following manner from my Roth IRA

_____ 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 Roth IRA Holder

Please mail the check to our address at:

Street Address

City, State, Zip

ACCEPTANCE

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

SIGNATURES

I authorize the transfer of the Roth 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