

____ Traditional ____ SEP ____ SIMPLE

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

Name of IRA Holder IRA

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