

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

_____ I am depositing a conversion of funds that I received from a traditional, SEP or SIMPLE IRA 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 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 advise 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