Navy Federal®

IRA Transfer or Direct Rollover

Clear

Please return this completed form through one of the following methods:
- **Digital Banking:** Attach signed form to eMessage
- **Fax Number:** (703) 206-4250 **Visit your local branch**
- **Mail:** PO Box 3001, Merrifield, VA 22119-3001

Access No.

Instructions: Use this form to request an IRA Transfer from another financial institution or a Direct Rollover from an Employer's Plan to an IRA with Navy Federal Credit Union. Navy Federal does not accept transfers or direct rollovers of inherited or beneficiary IRA plans. If you do not have an existing IRA Plan for the same plan type with Navy Federal, an IRA Application **(NFCU Form 602-Trad, 602A-Roth, or 602C-SEP)** must be completed and provided with this application. Please be advised that the entire process normally takes two to six weeks to complete. This time frame is contingent on the processing time of your current custodian or distributing plan.

Complete the appropriate Sections and return the form to Navy Federal for the processing of your request.
IRA Transfer: Complete Sections A, B, C, E, F, and G **Direct Rollover:** Complete Sections A, D, E, F, and G

A. Member Information

Name: First	MI	Last	Suffix

Address: Street	City	State	ZIP Code

Social Security No. *(SSN)*	Date of Birth	Daytime Phone No.
	____ / ____ / ____ Month *(MM)* Day *(DD)* Year *(YYYY)*	

B. IRA Transfer Request (IRA funds from another financial institution)

Current Custodian's Information:

Name of Current Custodian *(other financial institution)*	Custodian's Telephone No.	Custodian's Fax No.*

*By providing the fax number, I have verified the number is valid and that my custodian will accept this form via fax.

Custodian's Address: Street	City	State	ZIP Code

Asset Liquidation Instructions:

Transfer from the following type of plan:	IRA Account number at current custodian	**Liquidate:**
☐ Traditional IRA ☐ Roth IRA ☐ SEP IRA		☐ Entire Account ☐ Partial Amount: $_____

Transfer:	**This IRA transfer:**
☐ Immediately** ☐ At Maturity: ____/____/____	☐ **will** close the Account(s) ☐ **will not** close the Account(s)

C. Required Minimum Distribution (RMD) (If turning age 73 or older the year of request AND transferring a Traditional or SEP Plan)

☐ The annual Required Minimum Distribution has already been satisfied. **No further distributions are required for the year**.
☐ Please **distribute** my Required Minimum Distribution **prior** to transferring my Traditional or SEP account to Navy Federal.
☐ Please **transfer** my Traditional or SEP account, including my Required Minimum Distribution.
Please provide Navy Federal with the Fair Market Value of the transferring IRA as of Dec. 31 of the prior year: $_____
You must submit a Required Minimum Distributions *(RMD)* Form *(NFCU 312)* to begin RMD distributions with Navy Federal.

D. Direct Rollover Request (funds from an Employer's Plan)

Distributing Plan's Information

Name of Distributing Plan	Distributing Plan's Telephone No.	Distributing Plan's Fax No.*

*By providing the fax number, I have verified the number is valid and that my custodian will accept this form via fax.

Distributing Plan's Address: Street	City	State	ZIP Code

Asset Liquidation Instructions

Direct Rollover request from the following type of plan:	Account Number of Distributing Plan	Name of Employer
☐ 401(k) ☐ 403(b) ☐ 457(b) ☐ Other:_____		

Liquidate:	**Rollover:**	**This Plan Rollover:**
☐ Entire Account ☐ Partial Amount: $_____	☐ Immediately**	☐ will close the Account(s)
RMD cannot be part of the rollover if turning age 73 or older the year of request.***	☐ At Maturity: ____/____/____	☐ will not close the Account(s)

**Penalties or fees may apply.
***Refer to Section G #6.

Additional Information on Reverse

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E. Navy Federal Products (Certificates are purchased upon receipt of the transferred funds. The dividend rate is set as of the date the certificate is purchased and funded.)

IRA Type (Check only one.)

☐ Traditional IRA ☐ SEP IRA ☐ Roth IRA

Amount

$

Please open an IRA Account:

☐ IRA Savings Account
☐ IRA MMSA
☐ IRA Jumbo MMSA
☐ $50 Min. IRA EasyStart℠

Select Term: ☐ 12 months ☐ 18 months ☐ 24 months

☐ Other _____

Or, choose an IRA Certificate minimum and term:

Minimum:

☐ $1,000 min. ☐ $20,000 min. ☐ $100,000 min.

Short Term:

☐ 3 months ☐ 12 months ☐ 18 months ☐ 24 months

Long Term:

☐ 3 years ☐ 5 years ☐ 7 years

F. Payment Instructions for the Other Financial Institution

Make check or wire payable to:

Navy Federal Credit Union, for benefit of _____ Navy Federal IRA No. _____

Name of Receiving IRA Custodian | IRA Holder/Member | IRA Account Number

On the check or wire, please specify if it is a Rollover or Transfer.

IRA Type:

☐ Traditional
☐ Roth
☐ SEP

Mail check to:* ☐ Regular Mail: **Navy Federal Credit Union**
PO Box 3001
Merrifield, VA 22119-3001

☐ Overnight Mail: **Navy Federal Credit Union**
Attention: IRA Dept.
820 Follin Lane
Vienna, VA 22180-1111

☐ Wire Instructions: **Navy Federal Routing Number:** 256074974
820 Follin Lane
Vienna, VA 22180-1111

*If left blank, will default to Regular Mail.

G. Member Signature

By signing this section, I certify that:

1. I have established an IRA Plan with Navy Federal Credit Union as the Custodian.
2. I understand that it may be necessary to open an IRA savings account in my name to receive the Transfer/Rollover funds. In that event, I authorize Navy Federal Credit Union to open such an account on my behalf.
3. I agree to contact my present Custodian or Plan Administrator from whom I am requesting a Transfer/Direct Rollover to determine if specific documentation or additional paperwork is required.
4. I understand that I am responsible for determining my eligibility for all Transfers or Direct Rollovers.
5. I agree to hold the Custodian harmless against any and all situations arising from an ineligible Transfer or Direct Rollover.
6. I understand if I am or will be 73 or older in the current year, I must satisfy the Required Minimum Distribution(s) for all the IRA(s) prior to the Direct Rollover of my retirement assets.
7. I acknowledge that Navy Federal Credit Union does not provide legal advice, and I agree to consult with my own tax professional for advice.
8. I authorize Navy Federal Credit Union to act on my behalf in contacting the current Custodian or Plan Administrator to facilitate the Transfer/Direct Rollover of my retirement assets.
9. I understand that if I intend to have a beneficiary designated on my IRA account, I must complete applicable forms separately, in order to designate principal beneficiary(ies) and, if desired, contingent beneficiary(ies).

Signature of IRA Holder/Member ▶

Date *(MM/DD/YY)*

For Office Use Only

Letter of Acceptance for Transfer or Direct Rollover

Navy Federal agrees to accept the funds listed above that are being transferred or directly rolled over into an IRA account on behalf of the above-named individual. Navy Federal agrees to serve as Custodian of those assets.

First Initial and Last Name of Navy Federal Representative

Authorized Signature of Navy Federal Representative ▶

Date *(MM/DD/YY)*

For Office Use Only—Signature Guarantee

For Branch Office Use Only

Employee No.

Was the form sent to the other Financial Institution? ☐ Yes ☐ No

Was a notation left on the account? ☐ Yes ☐ No

Additional Information or Comments

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