

**Navy Federal®**  
**IRA Transfer or Direct Rollover**

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 ____ / ____ / ____ Month (MM)      Day (DD)      Year (YYYY)		Daytime Phone No.

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:		
<b>Transfer from the following type of plan:</b> <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> SEP IRA	IRA Account number at current custodian	<b>Liquidate:</b> <input type="checkbox"/> Entire Account <input type="checkbox"/> Partial Amount: \$ _____
<b>Transfer:</b> <input type="checkbox"/> Immediately** <input type="checkbox"/> At Maturity: ____ / ____ / ____	<b>This IRA transfer:</b> <input type="checkbox"/> will close the Account(s) <input type="checkbox"/> 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)
<input type="checkbox"/> The annual Required Minimum Distribution has already been satisfied. <b>No further distributions are required for the year.</b>
<input type="checkbox"/> Please <b>distribute</b> my Required Minimum Distribution <b>prior</b> to transferring my Traditional or SEP account to Navy Federal.
<input type="checkbox"/> Please <b>transfer</b> my Traditional or SEP account, including my Required Minimum Distribution.
<b>Please provide Navy Federal with the Fair Market Value of the transferring IRA as of Dec. 31 of the prior year: \$ _____</b>
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		
<b>Direct Rollover request from the following type of plan:</b> <input type="checkbox"/> 401(k) <input type="checkbox"/> 403(b) <input type="checkbox"/> 457(b) <input type="checkbox"/> Other: _____	Account Number of Distributing Plan	Name of Employer
<b>Liquidate:</b> <input type="checkbox"/> Entire Account <input type="checkbox"/> Partial Amount: \$ _____ RMD cannot be part of the rollover if turning age 73 or older the year of request.***	<b>Rollover:</b> <input type="checkbox"/> Immediately** <input type="checkbox"/> At Maturity: ____ / ____ / ____	<b>This Plan Rollover:</b> <input type="checkbox"/> will close the Account(s) <input type="checkbox"/> will not close the Account(s)

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

 **Additional Information on Reverse**



