

**PART 1. RECIPIENT** (Individual requesting the transfer)

Name (First/M/Last) \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Account Number \_\_\_\_\_ Share ID \_\_\_\_\_

**ACCEPTING ACCOUNT TYPE** (Select one)

- Roth IRA       Inherited/Beneficiary Roth IRA

**PART 2. ACCEPTING ROTH IRA CUSTODIAN**

SchoolsFirst Federal Credit Union	<b>Overnight Address:</b>
Attn: IRA Services	SchoolsFirst FCU
P.O. Box 11547	Attn: IRA Services
Santa Ana, CA 92711-1547	1200 Edinger Ave.
Phone: 800.462.8328	Tustin, CA 92780
Fax: 714.258.4185	

**PART 3. RELATIONSHIP OF RECIPIENT TO CURRENT ROTH IRA OWNER**

**RELATIONSHIP TYPE** (Select one)

- I am the current Roth IRA owner.
- I am the spouse beneficiary of the original Roth IRA owner transferring assets to my own Roth IRA.  
 Decedent Name \_\_\_\_\_  
 Date of Death \_\_\_\_\_
- I am the beneficiary of the original Roth IRA owner transferring assets to an inherited/beneficiary Roth IRA.  
 Decedent Name \_\_\_\_\_  
 Date of Death \_\_\_\_\_
- I am the former spouse of the current Roth IRA owner.  
 Former Spouse Name \_\_\_\_\_

**PART 4. CURRENT PLAN TYPE**

- Roth IRA       Inherited/Beneficiary Roth IRA

**PART 5. CURRENT ROTH IRA TRUSTEE OR CUSTODIAN**

Name \_\_\_\_\_  
 Address Line 1 \_\_\_\_\_  
 Address Line 2 \_\_\_\_\_  
 City/State/ZIP \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Account Number \_\_\_\_\_

**PART 6. LIFE EXPECTANCY PAYMENT INSTRUCTIONS**

*To be completed if the recipient is a beneficiary receiving life expectancy payments*

**IF YOU HAVE NOT YET TAKEN YOUR REQUIRED PAYMENT FOR THIS YEAR, COMPLETE THE FOLLOWING.** (Select one)

- Distribute my life expectancy payment to me before transferring the Roth IRA assets.
- Retain my life expectancy payment amount. I understand that I am responsible for satisfying my life expectancy payment.
- Include the amount that represents my life expectancy payment in the transfer. I understand that I am responsible for satisfying my life expectancy payment.

**PART 7. TRANSFER INSTRUCTIONS**

**TRANSFER OPTIONS** (Select one)

- Entire Roth IRA Balance       Partial Roth RA Balance      Transfer Amount \$ \_\_\_\_\_

**ASSET HANDLING** (Investments identified below will be liquidated immediately unless otherwise specified below.)

Asset Description \_\_\_\_\_  At Maturity (Request must be made within 30 days of maturity date)       immediately

**MAKE PAYABLE TO:** (If the accepting account type is an inherited/beneficiary Roth IRA, the Name of Recipient must identify both the recipient and the original Roth IRA owner.)

SchoolsFirst FCU as Custodian FBO: \_\_\_\_\_ Roth IRA

Name of Recipient

Name of Roth IRA Owner \_\_\_\_\_, Account Number \_\_\_\_\_

**PART 8. SIGNATURES**

I authorize the transfer of these Roth IRA assets and certify that all information provided by me is true and accurate. I understand that I am responsible for determining that this Roth IRA transfer qualifies under the rules that apply to such transfers and agree to comply with those rules. I assume responsibility for any consequences that may result from this transfer and I agree that the custodian is not responsible for any consequences that may arise from executing this transfer request.

The custodian signing below agrees to accept the assets being transferred.

**X**

Signature of Recipient

\_\_\_\_\_  
Date (mm/dd/yyyy)

Witnessed and accepted by SchoolsFirst FCU as agent for custodian by:

**X**

Signature of SchoolsFirst Representative

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Name of SchoolsFirst Representative

\_\_\_\_\_  
Representative User ID

**Signature Guarantee/Medallion Signature Guarantee**

**Letter of Acceptance**

This letter of acceptance guarantees that the plan designated by the above-named Participant is a valid IRA, qualified retirement plan (as described in IRC Sec. 401(a)), tax-sheltered plan (as described in IRC Sec 403(b)), or a deferred compensation plan (as described in IRC Sec. 457(b)).

The undersigned hereby agrees to serve as the Trustee, Custodian or Plan Administrator for the account of the above named Participant and, in that capacity, agrees to accept the direct rollovers, accepts the annuitization transfer, designated period, and payment frequency. We will accept the monthly payments into the IRA.

Please direct any questions about this letter to 800.462.8328, ext. 4300.

Sincerely,



Jessica Sigala, CIP  
Assistant Manager, IRA Services  
SchoolsFirst Federal Credit Union