

**Traditional Individual Retirement Account (IRA)
Transfer Request**

PART 1. RECIPIENT (Individual requesting the transfer)

Name (First/Mi/Last) _____
 Date of Birth _____ Phone _____
 Email Address _____
 Account Number _____ Share ID _____

ACCEPTING ACCOUNT TYPE (Select one)

- Traditional IRA Inherited/Beneficiary Traditional IRA

PART 2. ACCEPTING IRA TRUSTEE OR CUSTODIAN

SchoolsFirst Federal Credit Union	Overnight Address:
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 IRA OWNER

RELATIONSHIP TYPE (Select one)

- | | |
|--|---|
| <input type="checkbox"/> I am the current IRA owner. | <input type="checkbox"/> I am the spouse beneficiary of the original IRA owner transferring assets to my own IRA.
Decedent Name _____
Date of Death _____ |
| <input type="checkbox"/> I am the beneficiary of the original IRA owner transferring assets to an inherited/beneficiary IRA.
Decedent Name _____
Date of Death _____ | <input type="checkbox"/> I am the former spouse of the current IRA owner.
Former Spouse Name _____ |

PART 4. CURRENT PLAN TYPE

- Traditional IRA Inherited/Beneficiary Traditional IRA
 SIMPLE IRA (after 2 years) SEP

PART 5. CURRENT IRA TRUSTEE OR CUSTODIAN

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

PART 6. REQUIRED MINIMUM DISTRIBUTION (RMD)

To be completed if the recipient is the current IRA owner and is age 70½ or older this year or 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 RMD or life expectancy payment to me before transferring my IRA assets.
 Retain my RMD or life expectancy payment amount. I understand that I am responsible for satisfying my RMD or life expectancy payment.
 Include the amount that represents my RMD or life expectancy payment in the transfer. I understand that I am responsible for satisfying my RMD or life expectancy payment.

PART 7. TRANSFER INSTRUCTIONS

TRANSFER OPTIONS (Select one)

- Entire IRA Balance Partial IRA 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 IRA, the Name of Recipient must identify both the recipient and the original IRA owner.)

SchoolsFirst FCU as Custodian FBO: _____ IRA
 Name of Recipient

Name of IRA Owner _____, Account Number _____

PART 8. SIGNATURES

I authorize the transfer of these IRA assets and certify that all information provided by me is true and accurate. I understand that I am responsible for determining that this IRA transfer qualifies under the rules that apply to such transfers and agree to comply with those rules. I understand that special rules apply to SIMPLE IRA to Traditional IRA transfers. 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