

## Roth Individual Retirement Account (IRA) Transfer Request

ART 1. RECIPIENT (Individual requesting the transfer)  PART 2. ACCEPTING ROTH IRA CUSTODIAN				
Name (First/MI/Last)	SchoolsFirst Federal Credit Union			
Date of Birth Phone	Attn: IRA Services Overnight Address:			
Tax ID (SSN/TIN)	P.O. Box 11547 SchoolsFirst FCU			
Email Address	Santa Ana, CA 92711-1547 Attn: IRA Services			
Member Number Share ID	Phone: (800) 462-8328 1200 Edinger Ave.			
	Fax: (714) 258-4185 Tustin, CA 92780			
ACCEPTING ACCOUNT TYPE (Select one)  Roth IRA				
PART 3. RELATIONSHIP OF RECIPIENT TO CURRENT ROTH IRA O	WNER			
RELATIONSHIP TYPE (Select one)				
☐ I am the current Roth IRA owner.	$\hfill \square$ I am the spouse beneficiary of the original Roth IRA owner			
	transferring assets to my own Roth IRA.			
☐ I am the beneficiary of the original Roth IRA owner transferring assets	Decedent Name			
to an Inherited Roth IRA.	Date of Death			
Decedent Name	☐ I am the former spouse of the current Roth IRA owner.			
Date of Death	Former Spouse Name			
PART 4. CURRENT PLAN TYPE	PART 5. CURRENT ROTH IRA TRUSTEE OR CUSTODIAN			
☐ Roth IRA ☐ Inherited Roth IRA	Name			
Interited Notified	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 po	ryments.			
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.				
☐ Include the amount that represents my life expectancy payment in the payment.	transfer. I understand that I am responsible for satisfying my life expectancy			
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 Asset Description	unless otherwise specified below.) curity (Request must be made within 30 days of maturity date)   Immediately			
MAKE PAYABLE TO: (If the accepting account type is an Inherited 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 I	Roth IRA Owner	, N	Member Number
PART 8.	SIGNATURES		
for deterr responsib arise fron	mining that this Roth IRA transfer qualific ility for any consequences that may resu n executing this transfer request.	es under the rules that apply to such transfe Ilt from this transfer, and I agree that the cu	me is true and accurate. I understand that I am responsible ers and agree to comply with those rules. I assume ustodian is not responsible for any consequences that may
	dian signing below agrees to accept the	assets being transferred.	
X Signature of Recipient		Date (mm/dd/yyyy)	
Witnesse	d and accepted by SchoolsFirst FCU as a	gent for custodian by:	
X Signature of SchoolsFirst FCU Representative		Data (sam (dd/muu)	
Signature	or schoolsfirst FCO Representative		Date ( <i>mm/dd/yyyy</i> )
Name of S	choolsFirst FCU Representative		Representative's User ID
Signat	ure 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. 457(b)).

The undersigned hereby agrees to serve as the Trustee, Custodian or Plan Administration 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,

Dania Drachand Manager, IRA Services SchoolsFirst Federal Credit Union