

Section One: Participant / ESA Designated Beneficiary's Information

Name		Social Security Number		Date of Birth		Member Number	
Home Address			City		State	Zip	Contact Number

ESA Responsible Individual Information

Responsible Individual Name:		Social Security Number		Contact Number		Date of Birth	
Home Address			City		State	Zip	

Section Two: Current IRA / ESA Custodian or Trustee Information

Plan Type: _____

Current Trustee or Custodian: _____ Account Number: _____

Address: _____ Contact Number: _____

Section Three: Transfer Instruction. Directly transfer all or part of my present IRA/ESA with your organization in the manner indicated below

Please make check payable to SchoolsFirst FCU Custodian FBO: _____

Participant's/ESA Beneficiary name and account number _____

Mail check to : SchoolsFirst FCU
 PO Box 11547
 Santa Ana, CA 92711
 Attn: Retirement Services

Transfer the assets in the manner indicated below:

_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No	_____
Asset Description	Dollar Amount	%	Immediately	Transfer at Maturity Date
_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No	_____
Asset Description	Dollar Amount	%	Immediately	Transfer at Maturity Date
_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No	_____
Asset Description	Dollar Amount	%	Immediately	Transfer at Maturity Date

AGE 70 1/2 Reminder

I understand that if this transfer is occurring during or after the calendar year during which i attain the age of 70 1/2, the required minimum amount determined under this IRA is still required to be distributed. I further understand that the current Custodian/Trustee is not responsible for making this distribution prior to the transfer. I accept full responsibility for satisfying the required minimum distribution applicable to this IRA by withdrawing sufficient amounts from another Ira prior to the deadline for receiving minimum distribution for the calendar year of the transfer.

Section Five: Participant Signature

IRA Trustee to Trustee Transfer:
 I authorize the transfer of the IRA assets in the manner described above and certify that all of the information provided by me is correct and may be relied upon by the Trustee or Custodian.

ESA Trustee to Trustee Transfer:
 I certify that I am the proper party to authorize the transfer of the Coverdell ESA assets in the manner described above and certify that all of the information provided by me is correct and may be relied upon by the Trustee or Custodian.
 I understand that I am responsible for determining my eligibility to transfer within the limits set forth by tax laws, related regulations and plan agreements.

 Participant/Responsible Individual Signature Date

Section Six: Witnessed and Accepted by SchoolsFirst FCU as Agent for Custodian By:

SchoolsFirst FCU Representative Name	SchoolsFirst FCU Representative Signature	Date	Representative ID Number
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