

IRA/ESA Rollover/ Direct Rollover Form

Section One: Participant/ Designated Beneficiary Information

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

Section Two: IRA Rollover Information

Place these rollover funds in the IRA type indicated below:

- Traditional IRA Roth IRA ESA

Amount of Rollover/Direct Rollover: _____

If a Direct Rollover, Name of Releasing Custodian: _____

Section Three: Rollover Election (Select the option below that best describes the source of the funds you are rolling in to your SchoolsFirst FCU IRA.)

Option A: Rollover From Another IRA/ESA

I CERTIFY THAT THE FOLLOWING STATEMENTS ARE TRUE AND CORRECT

1. This rollover contribution is being made within 60 days after my receipt of funds from another IRA, in which I was either the participant or surviving spouse beneficiary, or in the case of a distribution from an IRA due to a first time home buyer which is being rolled into this IRA because of a delay in the acquisition of the first time home, this rollover contribution is being made within 120 days after my receipt of funds from the distributing IRA.
2. During the 12-month period prior to my receipt of the distribution being rolled over, I have not received a distribution from any IRA which was subsequently rolled over to another IRA, and the distribution being rolled over has not been part of a distribution from any other IRA that was subsequently rolled over. (This rule does not apply to a delay in the acquisition of a residence for a first time home buyer.)
3. This rollover does not include any required minimum distributions with respect to the distributing IRA plan, or I have already satisfied my required minimum for the IRA being rolled over from another IRA. (This rule only applies to Traditional IRAs.)
4. The funds being deposited into an ESA are for the same individual in which the distributing ESA was registered, or that individual's children/stepchildren/siblings and their descendants, parents/grandparents/step-parents or a spouse of one of the foregoing. (This rule only applies to ESA plans.)

Option B: Rollover From a Designated Roth Contribution Account

I CERTIFY THAT THE FOLLOWING STATEMENTS ARE TRUE AND CORRECT

1. The undersigned certifies that my employer's qualified 401(k) plan or 403(b) plan has made or will make an Eligible Rollover Distribution that is either being paid in a Direct Rollover to the Custodian of my Roth IRA, or paid directly to me that I am rolling over to my Roth IRA no later than the 60th day after receiving the Eligible Rollover Distribution.
2. This rollover/direct rollover solely represents all or a portion of my Designated Roth Contribution Account under the employer's plan and no other account under the employer's plan is being rolled over to my Roth IRA.
3. This rollover/direct rollover is not part of a series of payments over my life expectancy or over a period of 10 years or more.
4. This rollover/direct rollover does not include (1) any required minimum distribution with respect to the employer's plan; (2) any hardship distribution; (3) any corrective distribution; or (4) any deemed distribution from an employer's plan.
5. I certify that I am eligible to establish a Roth IRA with this rollover/direct rollover of an Eligible Rollover Distribution from a Designated Roth Contributions Account, and that I am one of the following: the plan participant; the surviving spouse of the deceased plan participant; the spouse or former spouse of the plan participant under a Qualified Domestic Relations Order; or a nonspouse beneficiary but only if this is a direct rollover to an Inherited Roth IRA.

Option C: Rollover/Direct Rollover From an Employer Plan

I CERTIFY THAT THE FOLLOWING STATEMENTS ARE TRUE AND CORRECT

1. The undersigned certifies that my employer's qualified plan, qualified annuity, 403(b) plan, governmental 457(b) plan, or the Federal Employee's Thrift Savings Plan has made or will make an Eligible Rollover Distribution which is either being paid in a Direct Rollover to the Custodian of my IRA, or paid directly to me which I am rolling over no later than the 60th day after receiving the Eligible Rollover Distribution.
2. This rollover/direct rollover is not part of a series of payments over my life expectancy or over a period of 10 years or more.
3. This rollover/direct rollover does not include (1) any required minimum distribution with respect to the employer's plan; (2) any hardship distribution; (3) any corrective distribution; or (4) any deemed distribution from an employer's plan.
4. I certify that I am eligible to establish an IRA with this rollover/direct rollover of an Eligible Rollover Distribution and that I am one of the following: the plan participant; the surviving spouse of the deceased plan participant; the spouse or former spouse of the plan participant under a Qualified Domestic Relations Order; or a nonspouse beneficiary but only if this is a direct rollover to an Inherited IRA.
5. I certify that this rollover/direct rollover does not contain a Designated Roth Contribution Account.

Option D: Rollover Contribution of the Military Death Gratuity and SGLI Payments

I CERTIFY THAT THE FOLLOWING STATEMENTS ARE TRUE AND CORRECT AND THAT I AM THE RECIPIENT OF ONE OR BOTH OF THE FOLLOWING ELIGIBLE ROLLOVER PAYMENTS.

1. This rollover contribution is being made within one year after my receipt of a military death gratuity payment and does not exceed \$100,000.
2. This rollover contribution is being made within one year after my receipt of a SGLI payment and does not exceed \$400,000.

Section Four: Participant Signature I have read and understand the rollover rules and conditions and I have met the requirements for making a rollover contribution. Due to the important tax consequences of rolling over funds to an IRA or ESA, I understand that I should seek guidance from a professional tax advisor. I understand that SchoolsFirst FCU cannot and has not provided tax advice. I release, indemnify and hold SchoolsFirst FCU harmless against any liabilities I may incur as a result of this transaction. By signing this agreement, I understand that I have irrevocably designated this contribution as a rollover contribution.

Participant/Beneficiary or Authorized Legal Representative Signature

Date

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

SchoolsFirst FCU Representative Name	SchoolsFirst FCU Representative Signature	Date	Representative User ID
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