

IRA Recharacterization Request

Section One: Participant Information

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

Section Two: Recharacterization of an IRA Contribution

Complete this section if you have previously contributed to either a Traditional or Roth IRA and desire to recharacterize either a portion or the entire amount of those assets. Indicated the IRA account number(s) and amount of the contribution that you wish to recharacterize.

IRA account you are recharacterizing (The account *from which* the contribution is being removed.)

Member Number	Share ID	Amount	Date of original Conversion
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IRA account you are recharacterizing to (The account(s) *into which* the contribution is being moved.) If you are recharacterizing to a new IRA account, you must also complete an IRA Adoption Agreement and Designation of Beneficiary form(s).

Member Number	Share ID	Amount	Date of original Conversion
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A recharacterization is a tax-reportable event. See IRS Form 8606 and its instructions, or contact a tax advisor for tax-reporting requirements.

Section Three: Recharacterization of a Conversion

Complete this section if you have previously converted assets from a traditional IRA to a Roth IRA and desire to reverse either a portion or the entire amount of those assets back to a traditional IRA. Indicate the Roth IRA share ID and the conversion amount that you wish to recharacterize.

Roth IRA - account and amount to recharacterize

Member Number	Share ID	Amount	Date of original Conversion
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Traditional IRA account - (The account(s) *into which* the Roth conversion is being moved.) If you do not have an existing traditional IRA account, you must also complete an IRA Adoption Agreement and Beneficiary Designation form.

Member Number	Share ID	Amount	Date of original Conversion
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After you recharacterize a conversion, you may not convert again until after January 1 of the year following the ORIGINAL conversion or 30 days after the recharacterization occurs, whichever is longer.

Section Four: IRA Custodian Contact Information

Mail: SchoolsFirst FCU **Phone: 800.462.8328** **Fax: 714.258.4262**
Attn: Member Retirement Services
P.O. Box 11547
Santa Ana, CA 92711-9756

Section Five: Participant Signature

I certify that all of the information I have provided on the IRA Recharacterization request is correct. I understand the rules and restrictions regarding my ability to recharacterize. I understand and assume the responsibility for my tax liability.

Participant Signature	Date
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Section Six: Witnessed and Accepted by SchoolsFirst FCU as Custodian By:

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