

Tax Qualified Transfer Request



Use this form only if you have the specified tax qualified account open with NASA FCU. Need to open an IRA? Please contact us for assistance, 888-NASA FCU.

PART 1. NASA FCU ACCOUNT HOLDER *Individual requesting the transfer*

NASA FCU Account Number	ACCOUNT TYPE (Select one): <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> SEP IRA	
Name (First/M.I./Last)	Social Security Number	Date of Birth
Phone	Email Address	

PART 2. CURRENT IRA TRUSTEE OR CUSTODIAN *Tell us about your account at your other institution*

Account Number	ACCOUNT TYPE (Select one): <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> SEP IRA	
Name of Financial Institution	Address	
City/State/ZIP	Phone	Fax Number

PART 3. TRANSFER INSTRUCTIONS *Complete all that apply:*

- At Maturity Transfer Date _____
- Prior to Maturity* Transfer Date _____ **I acknowledge penalties and/or fees that may be charged by current institution*
- Partial Transfer Amount _____
- Entire IRA Balance This Transfer Will Close the Current IRA

PART 4. REQUIRED MINIMUM DISTRIBUTION (RMD) INSTRUCTIONS* *For IRA/SEP owners subject to annual distributions as per IRS requirements*

- (Select one):
- I would like my RMD funds paid to me prior to sending funds to NASA FCU.
 - I would like my current institution to hold any current year RMD amount(s) and pay them to me at a later date
 - Transfer all funds (including RMD). I will be responsible for satisfying RMD amount(s).

PART 5. SIGNATURES

I authorize the transfer of these tax qualified assets and certify that all information provided by me is true and accurate. I understand that I am responsible for determining that this tax qualified 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. I understand that I am solely responsible for satisfying RMD amount(s) if applicable to these funds. If/when RMDs do apply, my failure to select an option above does not transfer this responsibility to NASA FCU. I agree that NASA FCU 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.

Signature of NASA FCU IRA Account Owner	Date (mm/dd/yyyy)
Notary Public/Signature Guarantee (if required by the current institution)	Date (mm/dd/yyyy)
NASA FCU Authorized Signature (Accepting Custodian)	Date (mm/dd/yyyy)

Instructions to Complete Your Request

1. **Complete the form in its entirety and physically sign under Signatures. Please obtain Notary or Signature Guarantee if your current institution requires it to release your funds.**
2. **Return Form by:**

Mail:

Overnight/Expedited:

NASA Federal Credit Union
Attn: Specialty Accounts
500 Prince Georges Blvd
Upper Marlboro, MD 20774

Standard Mail:

NASA Federal Credit Union
Attn: Specialty Accounts
P.O. Box 1588
Bowie, MD 20717-1588

eBranch: Log into eBranch to send a secure message. Simply choose “upload document” option in eBranch message center (available through “services” in the navigation bar) to attach a copy of the form. Please select Specialty Accounts as party to receive your upload.

Fax: Specialty Accounts 301-390-4525