

Individual Retirement Arrangement (IRA) TRANSFER AUTHORIZATION

Sections 1, 2 & 3 to be completed/signed by the PenFed Member. Section 4 to be completed by PenFed.

1. MEMBER DETAILS	Date:
Member Name:	
PenFed Member Number:	Last 4 of SSN:
Name of Transferring Institution:	
Address of Transferring Institution:	
Transferring Institution IRA Account No:	Fax # (if applicable)

2. INSTRUCTIONS TO TRANSFERRING INSTITUTION

ATTENTION IRA ADMINISTRATOR:

Please accept this letter as your authorization to transfer: (check one alternative below)

	J	cluding accrued interest c ral Credit Union (PenFed)		insert date transfer is to	be n	less applicable penalties		
	The sum of \$			_ fr	om my IRA to Pentag	jon l	Federal Credit Union (PenFed).	
The	type of IRA I have is:		Traditional		SEP		Roth	
			Inherited Traditional		Inherited SEP		Inherited Roth	
		lf y	ou inherited the IRA, plea	nclude the following:				
	Decedent's Name:							
Date of Death:				Decedent's	SSI	۷:		

Mail the check (if applicable) and a copy of this letter to: PenFed Credit Union - Attention: IRA Department PO Box 247009, Omaha, NE 68124-7009

For Overnight Delivery please use: PenFed Credit Union - Attention: IRA Department 13220 Fort St., Omaha, NE 68164

Deposi	Date		Depositor's Printed Name								
3. DESIGNATION OF FUNDS Upon receipt, deposit funds into: (check appropriate box(es))											
IRA Share Account	IRA Premier Account	IRA Certificate Term (\$1,000 minimum)									
(\$25 minimum)	(\$10,000 minimum) Rollover/Transfer Only	1 - Year	2 - Year	3 - Year	4 - Year	5 - Year	7 - Year				
4. PENFED USE ONLY											

This is to certify PenFed has accepted the appointment as Successor Custodian of the IRA named above. Please make the check payable to: PenFed Credit Union FBO: ______ whose account number is

PenFed Printed Name and Authorized Signature: _____