

**REQUEST TO TRANSFER IRA OR COVERDELL EDUCATION SAVINGS ACCOUNT (ESA) FUNDS
TO AN ALLIANT CREDIT UNION IRA OR COVERDELL ESA**

Section I: Credit Union member complete Section I & II and Mail Completed Form To The Institution from which funds will be transferred.

name of financial institution where funds are currently on deposit

account number(s)

street address

name on account

city, state, zip code

**Liquidate and
Withdraw:**

All funds immediately or on _____ (date)

\$ _____ immediately or on _____ (date)

Check one box only.

A. Direct Transfer from Traditional IRA to Traditional IRA

B. Direct Transfer from Roth IRA to Roth IRA

C. Direct Transfer from SEP IRA to SEP IRA

D. Direct Transfer from Coverdell ESA to Coverdell ESA

This serves as my authorization to convert IRA funds being held in my name to cash as indicated and to initiate a direct transfer to Alliant Credit Union.

X

member's signature

date

Section II: Instructions to current IRA Custodian/Trustee Financial Institution.

Make check payable to: Alliant Credit Union, FBO (For Benefit Of)

member's name (print)

Alliant Credit Union IRA account no. (10-digits)

Return a copy of this form along with the transfer check to:

**Alliant Credit Union
P.O. Box 66945
Chicago, IL 60666-0945**

Section III: Current IRA Custodian, please complete Section III if individual is over age 70½ and return to Alliant Credit Union with check

Required (age 70½) Traditional IRA Distribution election information:

Distribution has been made for current year YES NO

If yes, please complete below:

Term Certain _____
no. of years

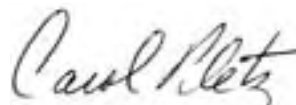
Uniform Distribution Table used for life expectancy

Distribution - Joint Life with spouse 10 or more years younger
Spouse is the only primary beneficiary

name of spouse beneficiary for joint life expectancy only.

date of birth

Alliant Credit Union accepts appointment as successor custodian of the IRA funds for the above account.



Manager Special Services