

Navy Federal® IRA Contribution Request

Individual Retirement Arrangement Contribution Request

Please return this completed form through one of the following methods:

- Digital Banking: Attach signed form to eMessage
- Fax Number (703) 206-4250
- Visit your local branch
- Mail: P.O. Box 3001, Merrifield, VA 22119-3001

Access No.	Toll-Free Number (888) 842-6328
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Section A: Member Information

Name: First	MI	Last	Suffix
Date of Birth (MM/DD/YY)	Social Security No. (SSN)	Home Phone No.	Daytime Phone No.

Section B: IRA One-Time Contribution Information (Use a separate form for each plan type.)

Make an IRA contribution to my IRA Plan Type: (Select one.)

- Traditional Roth SEP

Apply Contribution as Follows:		Contribution Amount	Contribution(s) for Tax Year (if no selection is made, will default to current tax year)
Transfer from Acct. No.:	To IRA Acct. No.:	\$	<input type="checkbox"/> Current <input type="checkbox"/> Prior*
Transfer from Acct. No.:	To IRA Acct. No.:	\$	<input type="checkbox"/> Current <input type="checkbox"/> Prior*
Transfer from Acct. No.:	To IRA Acct. No.:	\$	<input type="checkbox"/> Current <input type="checkbox"/> Prior*
Total:		\$	

*Per IRS regulations, financial organizations are required to report SEP IRA contributions under the current year's taxes regardless of whether or not the contribution is requested as a prior year contribution. Please seek tax advice for guidance on reporting SEP prior year contributions to the IRS. Traditional and Roth IRA contributions made from January 1 through tax filing due date (normally April 15) of the current year may be credited as a prior year contribution.

Section C: IRA Periodic Transfer Request (for IRA Savings, MMSA, Special EasyStartSM and EasyStart Certificates only)

Please transfer as follows: (Select only one.)	From Account No.
<input type="checkbox"/> Once a month on the _____	
<input type="checkbox"/> Twice a month on the _____ and _____	To IRA Account No.
<input type="checkbox"/> Every 2 weeks on <input type="checkbox"/> Weekly every <input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.	Amount (per transfer)
Day of first transfer _____	\$

Section D: Signatures

Important: Please read before signing.

I understand the eligibility requirements for the type of IRA deposit I am making, and I state that I do qualify to make the deposit. I have an open IRA plan for this IRA type and received copies of the Application, Plan Agreement, Financial Disclosure, and Disclosure Statement. I agree to be bound by those terms and conditions.

I assume complete responsibility for:

1. determining that I am eligible for an IRA each year I make a contribution;
2. ensuring that all contributions I make are within the limits set forth by the tax laws; and
3. the tax consequences of any contribution and distributions.

Member's Signature ►	Date (MM/DD/YY)
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Over Age 50 Catch-Up Contributions Confirmation I certify that I am eligible to make catch-up contributions.

Member's Signature ►	Date (MM/DD/YY)
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