## IRA DIRECT TRANSFER INSTRUCTIONS (FORM 2325)

## **Please Print or Type**

TO:Current IRA or QRP Fiduciary	Account Number at Current Institution
Mailing Address of Current IRA or QRP Fiduciary	
to the IRA I have established at my credit union (named minimum distribution (RMD) or death benefit RMD for t transfer payable as follows: Name of Credit Union, Fatthe credit union (named union) and the credit union) and the credit union (named union) and the credit union (named union) and the credit union) and the credit union (named union) and the credit	ow from the IRA or qualified retirement plan (QRP) you are maintaining on my behalf d in the Identifying Information section of this form). Distribute the post-70½ required the current year (if any) prior to making the transfer. <b>Make the check for the direct F/B/O IRA Owner's Name</b> . Note on the check that it is for deposit to account number ion. Attach the check to a copy of this form and send it to the credit union at the address k to implement this transfer, so please don't send it in any other form.
Source of Transfer into Traditional IRA	Source of Transfer into Roth IRA
☐ Traditional IRA*	□ Roth IRA*
☐ Traditional qualified retirement plan (QRP)*	☐ Traditional IRA ☐ Designated Roth account of a QRP* ☐ Traditional qualified retirement plan (QRP)*
*Check if Applicable	Traditional qualified retirement plan (Qriti)
☐ I am the beneficiary of the distributing IRA or QRP. or participant was:	The receiving IRA is subject to the death benefit RMD rules, and the original owner
IDI	ENTIFYING INFORMATION
IRA Owner's Name (First, Initial, Last)	Credit Union Name
Social Security Number IRA Suffix	Credit Union Mailing Address
CUID (Credit union will complete.)	City, State, ZIP
	( )
	Phone Number
	Contact Person at Credit Union
AMOUI	NT AND TIMING OF TRANSFER
Liquidate the current investment and transfer the process	
Amount to transfer:	Make this transfer:
□ 1. \$	□ 1. On
☐ 2. The entire amount in my account and close my account.	Date (MM/DD/YYYY)  2. Immediately.
	☐ 3. At maturity of the investment.
CR	EDIT UNION'S SIGNATURE
The credit union named above agrees to act as a deposit to the IRA established on behalf of the IRA ow	successor trustee or custodian and accept the transfer described above for vner named above.
x	
Credit Union Representative's Signature	Date (MM/DD/YYYY)
IR	RA OWNER'S SIGNATURE
above described portion of my interest in the plan and s	med above. I authorize the current fiduciary of my IRA or QRP to liquidate the send the proceeds to my credit union as directed on this form. (The IRA owner should the funds to determine whether a signature guarantee is required.)
X	

Date (MM/DD/YYYY)

IRA Owner's Signature