

Navy Federal®
Education Savings Account (ESA) Transfer

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:** PO Box 3001, Merrifield, VA 22119-3001
Access No.

Instructions: Use this form to request an ESA Transfer from another financial institution to an ESA Plan with Navy Federal Credit Union.
Complete all sections and return this form to Navy Federal for the processing of your request. An existing Education Savings Account (ESA) Plan with Navy Federal must be established prior to processing this form. The ESA Plan can be established by completing and returning the ESA Simplifier (802B) contained in the ESA Packet (**NFCU Form 602B**). Please be advised that the entire process normally takes two to six weeks to complete. This time frame is contingent on the processing time of your current custodian or distributing plan.

A. ESA Beneficiary/Member Information			
Name of ESA Beneficiary/Member: First	MI	Last	Suffix
Address: Street	City	State	ZIP Code
Social Security No. (SSN)	Date of Birth (MM/DD/YY)	Daytime Phone No.	

B. Responsible Individual Information			
Name of ESA Name: First	MI	Last	Suffix
Address: Street	City	State	ZIP Code
Social Security No. (Last 4 SSN) XXX-XX-____	Date of Birth (MM/DD/YY)	Daytime Phone No.	

C. ESA Transfer Request (ESA funds from another financial institution)		
Current Custodian's Information:		
Name of Current Custodian (other financial institution)	Custodian's Telephone No.	Custodian's Fax No.*
*By providing the fax number, I have verified that the number is valid and that my custodian will accept this form via fax.		
Custodian's Address: Street	City	State ZIP Code

Asset Liquidation Instructions:		
Transfer from the following ESA Plan Account No.	Designated Beneficiary	
Liquidate: <input type="checkbox"/> Entire Account <input type="checkbox"/> Partial Account \$ _____	Transfer: <input type="checkbox"/> Immediately* <input type="checkbox"/> At Maturity (MM/DD/YY): ____/____/____ <small>*Penalties or fees may apply.</small>	This ESA transfer: <input type="checkbox"/> will close the Account(s) <input type="checkbox"/> will not close the Account(s)

D. Navy Federal Products (Certificates are purchased upon receipt of the transferred funds. The dividend rate is set as of the date the certificate is purchased and funded.)	
Amount \$	
Please open an ESA Account: <input type="checkbox"/> ESA Savings Account <input type="checkbox"/> ESA MMSA <input type="checkbox"/> \$50 Min. IRA EasyStart SM Select Term: <input type="checkbox"/> 12 Months <input type="checkbox"/> 18 Months <input type="checkbox"/> 24 Months <input type="checkbox"/> Other _____	Or, choose an ESA Certificate minimum and term: Minimum: <input type="checkbox"/> \$1,000 min. <input type="checkbox"/> \$20,000 min. <input type="checkbox"/> \$100,000 min. <input type="checkbox"/> 3 months <input type="checkbox"/> 12 months <input type="checkbox"/> 18 months <input type="checkbox"/> 24 months Long Term: <input type="checkbox"/> 3 years <input type="checkbox"/> 5 years <input type="checkbox"/> 7 years

 **Additional Information on Reverse**



E. Responsible Individual Signature

By signing this section, I certify that:

1. I have established an ESA Plan with Navy Federal Credit Union as the Custodian.
2. I understand that it may be necessary to open an ESA savings account in the beneficiary's name to receive the Transfer funds. In that event, I authorize Navy Federal Credit Union to open such an account on the ESA beneficiary's behalf.
3. I understand the rules and conditions applicable to the ESA Transfer.
4. I understand that I am responsible for determining my eligibility for the ESA Transfer.
5. I agree to hold the Custodian harmless against any and all situations arising from an ineligible ESA Transfer.
6. I acknowledge that Navy Federal Credit Union does not provide legal advice, and I agree to consult with my own tax professional for advice.
7. I authorize Navy Federal Credit Union to act on my behalf in contacting the current Custodian to facilitate the transfer of the ESA assets.

Signature of ESA Responsible Individual ▶	Date (MM/DD/YY)
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F. Payment Instructions

Make check or wire payable to:

Navy Federal Credit Union, for benefit of _____ Navy Federal ESA No. _____
Name of Receiving ESA Custodian Designated Beneficiary ESA Account Number

Mail check to:* Regular Mail: **Navy Federal Credit Union**
PO Box 3001
Merrifield, VA 22119-3001

Overnight Mail: **Navy Federal Credit Union**
Attention: IRA Dept.
820 Follin Lane
Vienna, VA 22180-1111

Wire Instructions: **Navy Federal Routing Number: 256074974**
820 Follin Lane
Vienna, VA 22180-1111

*If left blank, will default to Regular Mail.

For Office Use Only

Letter of Acceptance for Transfer or Direct Rollover
 Navy Federal agrees to accept the funds listed above that are being transferred or directly rolled over into an ESA account on behalf of the above-named individual. Navy Federal agrees to serve as Custodian of those assets.

Printed Name of Navy Federal Representative _____

Authorized Signature of Navy Federal Representative ▶	Date (MM/DD/YY)
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For Office Use Only – Signature Guarantee

For Branch Office Use Only

Employee No. _____

Was the form sent to the other Financial Institution? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was a notation left on the account? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Additional Information or Comments
