

Account #:
Portfolio #:
Banker Initials:

IRA APPLICATION/INFORMATION FORM									
Type of Customer									
	Existing C	ustomer (update CIP/o	create CDD)	CDD) New Customer (CIP required)					
Type of Activity									
Initial Contribution Transfer (Change in CD term with added funds		New CI	New CD for existing customer				
IRA Holder Information									
Name									
Address			City		State	Zip			
Social Security Number Date of Birth Email									
DL State	DL#			DL Issue	ed	DL Expires			
Home Phone Number Cell Phone Number									
Employer			Occ	upation	Emp	loyer Phone Number			
Employer Address			City		State	Zip			
	Beneficiary Information								
Beneficiary 1 (To be completed for NEW IRA <u>PLAN</u> only)									
Name									
Address			City		State	Zip			
Social Security Number				Date of Birth					
Relationship to IRA holde	er			Deneficient Tunes		Charac			
Beneficiary 7 (To be completed for NEW IRA PLAN only)									
Name									
Address			City		State	Zip			
Social Security Number				Date of Birth					
Relationship to IRA holde	er								
		Danafiaian	2 /Te be sempl	Beneficiary Type:		Shares:			
Beneficiary 3 (To be completed for NEW IRA PLAN only) Name									
Address			City		State	Zip			
Social Security Number				Date of Birth					
Relationship to IRA holde	er								
				Beneficiary Type:		Shares:			

Beneficiary 4 (To be completed for NEW IRA PLAN only)									
Name									
Address	City		State	Zip					
Social Security Number		Date of Birth							
Relationship to IRA holder		Beneficiary Type:		Shares:					
Type of IRA									
	Traditional	ROTH							
Contribution Type									
Regular/Spousal Tr ROTH Conversion (from Traditi	ransfer ional IRA)	Rollover R Roth Conversion (fro	echaracterizat om SIMPLE IR						
Contribution Amount: Contribution limits for 2024: \$7,000 and if age 50 or over: an additional catch-up of \$1,000 Contribution limits for 2025: \$7,000 and if age 50 or over: an additional catch-up of \$1,000									
Contribution Date:									
Contribution for tax year (for Regular/Spousal & catch-up contributions ONLY)									
Signature(s)									
IRA Holder Signature	Date	9							
Employee Signature	Date	9							