

**Please Print or Type**

CUID (Credit Union will Complete)

IRA Owner's Name (First, Initial, Last)

IRA Owner's Social Security Number

Street Address

Apt. #

IRA Owner's Birth Date (MM/DD/YYYY) - (required for processing)

Mailing Address if Different From Street Address

Account Number

City, State, ZIP

I instruct the credit union to invest this IRA in the following investment: \_\_\_\_\_

**PRIMARY BENEFICIARY(IES)**

%	Name and Social Security #	Mailing Address (include ZIP code)	Relationship	Birth Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

% Column MUST total 100% (see reverse side for complete instructions)

**SECONDARY BENEFICIARY(IES)**

%	Name and Social Security #	Mailing Address (include ZIP code)	Relationship	Birth Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

% Column MUST total 100% (see reverse side for complete instructions)

**CONSENT OF SPOUSE**

I consent to the designation of beneficiary on this form, and I agree to convert this IRA into the separate property of my spouse to be distributed as shown on this form following my spouse's death. I understand that by signing this consent, I am giving up both my current community/marital property rights in this IRA and my community/marital property rights in any future contributions to this IRA. I further understand that I may not revoke this consent in the future. However, this consent will be automatically revoked if my spouse amends this designation of beneficiary during my lifetime.

X \_\_\_\_\_  
Signature of IRA Owner's Spouse Date (MM/DD/YYYY)

**IRA OWNER'S SIGNATURE**

I acknowledge receipt of the "Credit Union Traditional IRA Disclosure Statement," which includes a financial projection table. I also accept the terms and conditions of the "Credit Union Traditional IRA Trust Agreement."

X \_\_\_\_\_  
IRA Owner's Signature Date (MM/DD/YYYY)

**ACCEPTANCE OF TRUSTEE**  
(for credit union use only)

The credit union hereby establishes a traditional IRA for the above IRA owner under the terms of the "Credit Union Traditional IRA Trust Agreement."

Credit Union Name	X _____ Authorized Credit Union Signature
Credit Union Mailing Address (include street address, city, state and ZIP code)	_____ Date (MM/DD/YYYY)