



Not a bank. Better. ®

## CEFCU® IRA/HSA/CESA Form Instructions

### PURPOSE

This form is necessary when requesting a contribution to your IRA, Health Savings Account (HSA), or Coverdell Education Savings Account (CESA). If you do not currently have an IRA contribution plan, HSA, or CESA, please contact the IRA Department by [email](#) or by calling 309.633.3409 or 1.800.633.7077, ext. 33409 between 7:30 a.m. and 4 p.m. (CT) Monday to Friday. **This form cannot be used to open an IRA/HSA/CESA.**

### INSTRUCTIONS

#### IRA/HSA/CESA OWNER INFORMATION

Enter the name and information of the account owner.

#### CONTRIBUTION TYPE

Choose the type of plan for your contribution. We strongly encourage you to get tax advice to assure maximum tax benefit and eligibility.

**Note:** Please do not use this form for transfers or rollovers.

#### CONTRIBUTION INFORMATION

- Account number/Suffix: Your CEFCU account number and its suffix for your IRA, HSA, or CESA.
- Contribution year: The tax year for the IRA/HSA/CESA contribution.
- Contribution amount (*please seek tax advice for annual contribution limits.*)
  - [Traditional and Roth IRAs Contribution Guidelines](#)
  - [Health Savings Account Guidelines](#)
  - Coverdell Education Savings Accounts Contribution Guidelines

#### DEPOSIT SELECTION

Indicate your investment choice. For rate information, visit [cefcu.com/rates](http://cefcu.com/rates).

#### AUTHORIZATION TO WITHDRAW

Indicate the account number and type for fund withdrawal if you are not sending a check with this form.

#### SIGNATURE

Be sure to sign the form and include today's date.

#### FORM COMPLETION

Complete all information, print the form, then

Fax form to:

IRA/HSA Department  
309.633.3543

or

Mail form to:

CEFCU  
IRA/HSA Department  
P.O. Box 1715  
Peoria, IL 61656-1715

When your form is received, we will process your request and send you a confirmation letter.



Not a bank. Better. ®

# IRA/HSA/CESA Owner Contribution Form

## IRA/HSA/CESA Owner Information

*\*Required fields*

Name\* IRA/HSA/CESA Account Number\* Social Security Number\*

Street Address\*

City\* State\* Zip\*

Date of Birth\* Phone\* Email Address

### Contribution Type

*Select one.*

Traditional IRA      Roth IRA      SEP IRA      HSA      CESA

### Contribution Information

Account Number Suffix Contribution Year \$ Contribution Amount

### Deposit Selection (Dividends are posted monthly)

*Select one.*

IRA TYPE/TERM	MINIMUM AMOUNT	HSA TYPE/TERM	MINIMUM AMOUNT
1 Year Certificate	\$500	3 Month Certificate	\$1,000
2 Year Certificate	\$500	6 Month Certificate	\$1,000
3 Year Certificate	\$500	1 Year Certificate	\$1,000
4 Year Certificate	\$500	18 Month Certificate	\$1,000
5 Year Certificate	\$500	2 Year Certificate	\$1,000
IRA Daily Account	\$5	3 Year Certificate	\$1,000
		4 Year Certificate	\$1,000
		5 Year Certificate	\$1,000
		HSA Savings	\$1
		HSA Checking	\$25
		HSA Dividend Checking	\$2,500
		HSA Insured Money Market	\$2,500

Deposit to an existing IRA/HSA Certificate upon its maturity: Suffix \_\_\_\_\_ Maturity Date \_\_\_\_\_

### Authorization to Withdraw

*Select one.*

Check Enclosed

I hereby authorize CEFCU to withdraw \$ \_\_\_\_\_ from my CEFCU account number \_\_\_\_\_

Savings      Checking      Money Market

### SIGNATURE

I verify that the information contained on this form is true and correct to the best of my knowledge. I agree that the designation of the tax year for my contribution and my election are (if applicable) irrevocable.

Signature Date