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CEFCU® IRA/CESA Form Instructions

PURPOSE

This form is necessary when requesting a contribution to your IRA or Coverdell Education Savings Account (CESA). If you do not currently have an IRA contributory plan 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/CESA.**

INSTRUCTIONS

IRA/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 or CESA.
- Contribution year: The tax year for the IRA contribution.
- Contribution amount
 - [Traditional and Roth IRAs Contribution Guidelines](#)
 - [Coverdell Education Savings Accounts Contribution Guidelines](#)
Please seek tax advice for complete annual contribution limitations.

DEPOSIT SELECTION

Indicate your investment choice. For rate information, visit 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 Department
309.633.3543

or

Mail form to:

CEFCU
IRA 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.



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IRA/CESA Owner Contribution Form

IRA/CESA Owner Information

**Required fields*

Name*	IRA 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
 Coverdell Education Savings Account (CESA)

Contribution Information

Account Number	Suffix	Contribution Year	\$ Contribution Amount
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Deposit Selection

Select one.

TYPE/TERM	MINIMUM AMOUNT	DIVIDENDS POSTED
1 Year	\$500	Monthly
2 Year	\$500	Monthly
3 Year	\$500	Monthly
4 Year	\$500	Monthly
5 Year	\$500	Monthly
Daily	\$5	Monthly
Deposit to an existing IRA term 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
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