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P.O.Box 1715 • Peoria, IL 61656-1715

## 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](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 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 \$ \_\_\_\_\_

## 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 \_\_\_\_\_