

IRA Authorization

name (please print) home phone number work phone number member account number (required)

Please check one: ☐ Traditional IRA ☐ Roth IRA ☐ SEP

☐ DEPOSIT to my IRA: A contribution of \$ _____ for 20 ____ tax year

☐ TRANSFER from my ☐ savings account, ☐ checking account or ☐ supplemental savings account to my IRA:

A contribution of \$ _____ for the 20 ____ tax year

☐ TRANSFER from my ☐ savings account, ☐ checking account or ☐ supplemental savings account to my:

Spouse's IRA account # _____ a contribution of \$ _____ for the 20 ____ tax year

Designation of contribution as prior year is irrevocable. (If prior year contribution – spouse must sign below)

IRA owner signature (required) date

spouse signature (required if applicable) date

Alliant Branch - Forward IRA Authorization to Alliant Headquarters – IRA Services if contribution was for a prior year.

RETURN COMPLETED FORM TO ALLIANT CREDIT UNION. FAX: 773-462-8735