

IRA CONTRIBUTION RECHARACTERIZATION

member's name	contact phone number	member account number (10-digit)
street address		city
state/province	zip/postal code	country

IRA Contribution To Be Recharacterized**Check one:**

- ☐ This was a regular contribution for _____.
year
- ☐ This was an IRA Conversion Contribution. The funds left the Traditional IRA in _____.
year
- ☐ This was a rollover or direct rollover from a qualified retirement plan (QRP). The funds left the QRP in _____. A QRP is a
plan that is operated under Internal Revenue Code 401 or 403(b).
year

Amount of contribution to be recharacterized	\$ _____	_____
Income attributable to the contribution	(+) _____	contribution date (mm/dd/yyyy)
Amount to be transferred	(=) _____	

Distributing IRA**The funds are being distributed from (check one):**

- ☐ Traditional IRA ☐ Roth IRA

Receiving IRA**The funds are being transferred to (check one):**

- ☐ Traditional IRA ☐ Roth IRA

IRA Owner's Signature

I hereby instruct the distributing IRA fiduciary to direct transfer the "amount to be transferred" noted above. I have elected to treat the contribution described above as a contribution to the receiving IRA.

X

member's signature (required)

date

X

credit union representative's authorized signature

date

Return completed form to Alliant Credit Union. FAX: (773) 462-8735