Delta Community CREDIT UNION

Form Instructions:
1 -Complete all applicable fields
2 – Print completed form
3 – Sign and date the **Signature** section
4 – Mail to: Delta Community Credit Union
ATTN: Member Services
1025 Virginia Ave., Atlanta, GA 30354
or fax to 404-677-4802

Roth IRA CD Application

Member Information

First Name MI Last Name SSN Account #

Street City State ZIP Date of Birth

1. Beneficiary Information

First Name MI Last Name

Street City State ZIP Date of Birth

Social Security Number Relationship ☐ Primary ☐ Contingent Share % _____

2. Beneficiary Information

First Name MI Last Name

Street City State ZIP Date of Birth

Social Security Number Relationship ☐ Primary ☐ Contingent Share % _____

3. Beneficiary Information

First Name MI Last Name

Street City State ZIP Date of Birth

Social Security Number Relationship ☐ Primary ☐ Contingent Share % _____

Certificate Information

12 Month Term ☐ 36 Month Term ☐ 24 Month Term ☐ 60 Month Term ☐	☐ Automatically renew for another term at maturity. ☐ Transfer funds to Savings Based IRA Acct ID# _____
Opening Deposit: $_____ *(Minimum is $1,000)* ☐ Transfer funds from my Savings Based IRA Account ID# _____	☐ Compound monthly ☐ Transfer to Savings Based IRA Account ID# _____

By signing this account receipt, you agree to the terms and conditions of the Certificate of Deposit, the Certificate of Deposit Disclosure Supplement, the Member/Savings Services Disclosures and Agreements, Individual Retirement Account Agreement and any future amendments hereto.

Member's Signature **Date**