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: IRA Department
1025 Virginia Ave
Atlanta, GA 30354

Delta Community CREDIT UNION

Traditional IRA CD Application

Member Information ☐ **Traditional IRA** ☐ **SEP IRA**

First Name ____ MI ____ Last Name ____ SSN ____

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

EQUAL HOUSING LENDER

NCUA This credit union is federally insured by the National Credit Union Administration.