



Mail or Fax completed form to:
 Delta Community Credit Union
 ATTN: IRA Department
 1025 Virginia Ave
 Atlanta, GA 30354
 Fax: 404-677-4964

IRA Certificate of Deposit (CD) Application

Select one: Traditional SEP Roth

Primary Member Information					
First Name	MI	Last Name	Social Security Number		
Street		City	State	ZIP	Date of Birth

1. Beneficiary Information					
First Name	MI	Last Name	Social Security Number		
Street Address		City	State	ZIP	
Date of Birth	Relationship	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent		Share % _____	

2. Beneficiary Information					
First Name	MI	Last Name	Social Security Number		
Street Address		City	State	ZIP	
Date of Birth	Relationship	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent		Share % _____	

3. Beneficiary Information					
First Name	MI	Last Name	Social Security Number		
Street Address		City	State	ZIP	
Date of Birth	Relationship	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent		Share % _____	

Certificate Information		Renewal Information	
<input type="checkbox"/> 12 Month Term	<input type="checkbox"/> 36 Month Term	<input type="checkbox"/> Automatically renew for same term at maturity	
<input type="checkbox"/> 24 Month Term	<input type="checkbox"/> 60 Month Term	<input type="checkbox"/> Transfer funds to Savings Based IRA Acct ID# _____	
Opening Deposit Instructions		Dividend Payment Options	
Opening Deposit: \$ _____ (\$1,000 minimum)		<input type="checkbox"/> Compound monthly	
Transfer funds from IRA Savings Account ID# _____		<input type="checkbox"/> 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 or Roth Individual Retirement Account Agreement, and any future amendments hereto.

 Primary Member Signature _____
Today's Date