



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

Roth IRA CD Application

Member Information

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 _____



www.DeltaCommunityCU.com
404-715-4725 1-800-544-3328

