

PART 1. IRA OWNER

Name (First/Mi/Last) _____
 Social Security Number _____
 Date of Birth _____ Phone _____
 Email Address _____
 Member Number _____ Share ID _____

PART 2. IRA TRUSTEE OR CUSTODIAN

SchoolsFirst Federal Credit Union
 Attn: IRA Services
 P.O. Box 11547
 Santa Ana, CA 92711-1547
 Phone: (800) 462-8328
 Fax: (714) 258-4185

Overnight Address:
 SchoolsFirst FCU
 Attn: IRA Services
 1200 Edinger Ave.
 Tustin, CA 92780

PART 3. CONTRIBUTION INFORMATION

Contribution Amount \$ _____
 Contribution Date _____
 Contribution for Tax Year _____

RULES AND CONDITIONS APPLICABLE TO TRADITIONAL IRA CONTRIBUTIONS

The IRA contribution rules are often complex. The general rules are listed below. If you have any questions regarding a contribution, please consult with a competent tax professional or refer to IRS Publication 590-A, *Contributions to Individual Retirement Arrangements (IRAs)*, for more information. This publication is available on the IRS website at irs.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

REGULAR CONTRIBUTION

The total amount you may contribute to a Traditional IRA for any tax year cannot exceed the lesser of the published annual limit or 100 percent of your earned income and other eligible compensation. If you also maintain a Roth IRA, the maximum contribution to your Traditional IRA is reduced by any contributions you make to your Roth IRA.

- You may make a contribution for the prior year up until your tax filing deadline for that year, **not including extensions**. Designating a contribution for the prior year is irrevocable.
- If you are age 50 or older by the end of the year, you may be eligible to make an additional catch-up contribution to an IRA for that tax year.

PART 4. DEPOSIT INFORMATION (Complete this section as applicable)

Share Term	Amount
_____	_____
_____	_____
_____	_____

DEPOSIT METHOD

- Cash or Check
- Internal Account Member Number _____ Share ID _____

PART 5. SIGNATURES

I certify that all the information I provided is accurate and may be relied upon by the trustee or custodian. I certify that the contribution described above is eligible to be contributed to the IRA, and I authorize the deposit to be invested in the manner described above.

X _____
 Signature of IRA Owner Date (mm/dd/yyyy)

Witnessed and accepted by SchoolsFirst FCU as agent for custodian by:

X _____
 Signature of SchoolsFirst FCU Representative Date (mm/dd/yyyy)

 Name of SchoolsFirst FCU Representative Representative's User ID