



IRA Authorization

_____ name (please print)

_____ home phone

_____ workphone

_____ member acct no. (required)

Please check one: **Traditional IRA** **Roth IRA** **SEP IRA**

Deposit to my IRA a contribution of \$ _____ for the 20__ tax year. (Include check with form.)

Transfer to my IRA a contribution of \$ _____ for the 20__ tax year.
Transfer the funds from my savings checking supplemental savings account.

Transfer to my SPOUSE'S IRA a contribution of \$ _____ for the 20__ tax year.
Transfer the funds from my savings checking supplemental savings account.
Transfer the funds to my spouse's IRA account # _____.

Designation of contribution as prior year is irrevocable. (If prior year contribution – spouse must sign below)

_____ IRA owner signature (required)

_____ date

_____ Spouse signature (required if applicable)

_____ date

Return completed form to Alliant:

Mail to:
Alliant Credit Union
Attn: IRA Services
11545 West Touhy Avenue
Chicago, IL 60666

Fax to:
773-462-8735

