



2 Manhattanville Road, Suite 401  
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quorumfcu.org

# IRA Option Form

Note: If this is your first IRA account being opened with our Credit Union, an IRA Simplifier Application is also required. Questions? Please call our Member Service Team at (800) 874-5544, Monday through Friday, 8:30 a.m. - 7:00 p.m. ET.

**Please clearly print all information on the application.**

**Account #** \_\_\_\_\_

### Member (Primary Owner) Information

Last Name		First Name		MI	SS# or Tax ID #		DOB
Residence Address - Number/Street				Apt #	E-mail Address		Home Phone #
City				State	Zip Code		Daytime Phone #
Mailing Address (if different from above)			Apt #	City			State Zip Code

### Account Selections

Please select the account(s) you would like to open:

**IRA Savings** account with an initial deposit of \$ \_\_\_\_\_. **Choose one:**  Roth  Traditional

**IRA Term Savings** account with an initial deposit of \$ \_\_\_\_\_ (**\$1,000 minimum**). **Choose one:**  Roth  Traditional  
for a term of (*circle one*): **6 12 18 24 36 48 60** months.

**IRA MoneyBuilder** account with an initial deposit of \$ \_\_\_\_\_ (**not required**) for a term of **12** months.

I will make additional monthly deposits of \$25. **Choose one:**  Roth  Traditional

*For IRA MoneyBuilder Only:* Please transfer \$ \_\_\_\_\_ (**minimum \$25**) from the following Credit Union account for my monthly deposits:

- Basic Savings: Suffix \_\_\_\_\_  Name-Your-Own-Savings: Suffix \_\_\_\_\_  
 Checking: Suffix \_\_\_\_\_  Money Management: Suffix \_\_\_\_\_

### Account Funding

Transfer funds from the following Credit Union account for my initial deposit:

- Basic Savings: Suffix \_\_\_\_\_  Name-Your-Own-Savings: Suffix \_\_\_\_\_  
 Checking: Suffix \_\_\_\_\_  Money Management: Suffix \_\_\_\_\_

Enclosed is a check for my initial deposit.

Under penalties of perjury, I certify that the taxpayer identification number provided is correct. I further certify that I am not subject to backup withholding under the provisions of section 3406 (a) (1) (C) of the Internal Revenue Code. (Strike out if not applicable)

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date