

IRA Certificate of Deposit (CD) Application Form

**Form Instructions:**

1 — Complete all applicable fields

2 — Print completed form

3 — Sign and date the Signature section

4 — Delta Community Credit Union

ATTN: IRA Department

1025 Virginia Avenue, Atlanta, GA 30354

or fax to 404-677-4964

IRA Type

Select one: Traditional Roth SEP

Primary Member Information

Name (First, Mi, Last)

Account Number

Social Security Number

Date of Birth (MM/DD/YYYY)

Email

Phone

Certificate Information

Select one:

12-Month Term

24-Month Term

Automatically renew for same term at maturity

36-Month Term

60-Month Term

Transfer funds to Savings-based IRA Account ID# _____

Renewal Information

Select one:

Opening Deposit InstructionsOpening Deposit: \$ _____
(\$1,000 minimum)Transfer funds from IRA Savings
Account ID# _____**Dividend Payment Options**

Select one:

Compound monthly

Transfer to Savings-based IRA
Account ID# _____

IRA Certificate of Deposits are subject to the Individual Retirement Account Application/Agreement or Roth Individual Retirement Account Application/Agreement, as applicable, including any prior beneficiary designations, and any future amendments hereto.

By signing this Application, you agree to the terms and conditions of the Certificate of Deposit, the Certificate of Deposit Disclosure Supplement, and the Member/Savings Services Disclosures and Agreements.

Primary Member Signature

Date

